



NEWARK, N. J.

HEALTH

REPORT

1960

LUDWIG A. CHESLEY, Mayor
Newark, New Jersey

JOHN H. HODGE, M.D., M.P.H.
Deputy of Health & Welfare

FRANCIS J. DUBOCH, M.D.
Health Officer

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WHAT YOUR HEALTH BUDGET PURCHASES

Some people do not realize the many valuable services paid for by the Health Division budget. Too often it is felt that we merely investigate neighborhood nuisances or placard for contagious diseases. Following is some of the work made possible by our budget.

NOT ONLY - Environmental sanitation; dog licensing and rabies control; infant boarding home supervision; computation and study of vital statistics.

BUT ALSO

- 1 - Medical Care: Almost \$390,000 or 17% of our budget is spent to provide clinic treatments, free medication, physician home visits and nurse home visits, to those individuals who are unable to provide adequate medical care for themselves, or their families, through private medical facilities.
- 2 - Disease Control and Prevention: Frequent case-finding programs are conducted for early detection of Tuberculosis and Syphilis. X-ray screening and Patch Testing are the two measures used most extensively at this time for finding, and thus providing early treatment for the unsuspected Tuberculosis case. The public is encouraged to take advantage of free blood test programs which are conducted routinely for the purpose of diagnosing early syphilis.

During the year 1960 a strong campaign waged for immunization against Diphtheria, Whooping Cough, Tetanus, Poliomyelitis, and for vaccination against Smallpox. The Parochial School Bureau, through the co-operation of the Superintendent of Arch-diocesan Schools, this year, for the first time, required all new students whether enrolling for the first school grade, or transferring into this school, to have full immunization prior to admission. The Parochial Schools made this requirement mandatory under the same state laws by which the Board of Education schools are governed.

- 3 - Supervision for Healthy Babies: Monthly visits were made by nurses to several areas of the city, to instruct mothers as to the proper care for babies. The home visit included discussions of behavior problems which require prompt attention if we wish to guard against possible abnormal mental development in later life.
- 4 - School Health Program: Secure and maintain for each individual child the greatest measure of good health which he/she has the capacity to enjoy. Conduct health educational programs with individual parents and through P.T.A. conferences, faculty conferences, health talks, and films for the teacher and students, and to continue to educate the general public through referrals to community agencies for all who request assistance.
- 5 - Children's Dental Care Program: Free dental treatment is provided for an approximate total of 6,000 public and parochial school children who are eligible to receive it. This service is offered at the main building of the Health Division and in nine neighborhood clinics throughout the city.
- 6 - Food Inspection: Secure maximum sanitation methods for the preparation, display, and serving of foods, and of the establishment in which the food is served.
- 7 - Pure Milk: Insure a pure supply of milk (2,000,000 quarts per week). In order to ascertain that the milk is pure, every individual, item, animal, and building which is in any way associated with housing, obtaining, providing, containing or preparing milk for distribution, is thoroughly inspected.
- 8 - Hay Fever Control: Through weed extermination. Pools and wells are inspected routinely and frequent water samples are taken for examination.

DIVISION OF HEALTH
Newark, N.J.

HEALTH OFFICER-----Pascal J. Baiocchi, M.D.

ASSISTANT HEALTH OFFICER
Robert F. Morgan

ADMINISTRATION

Audio-Visual Health Education--Pierce C. Fellows, Supervisor

Social Service Representative-----Grace E. Malone

MEDICAL AND DENTAL BUREAU HEADS

CHILD HYGIENE - Julius Levy, M.D. OCCUPATIONAL - William T. Ramage, M.D.

* CHEST DISEASES - Irving Willner, M.D. DENTAL - J. Edward H. Guthrie, D.D.S.

VENEREAL DISEASE - Edmond Edelson, M.D. CONTAGION - Joseph W. Gardam, M.D.

MEDICAL RECEIVING OFFICER

Michael J. Frattantuno, M.D.

CHIEF PHARMACIST

Vincent Mascia, Ph.G.

CHIEF VETERINARIAN

John Devine, D.V.S.

CHIEF SUPERVISOR of LABORATORIES

Carl Cordasco, B.S., Ph.G.

SEROLOGICAL

Meyer Levy, B.S.

CHEMICAL

Sara Rothberg, B.A.

BACTERIOLOGICAL

Fred Coltrell

SUPERVISING CHIEF INSPECTORS

SANITATION	---	Edward A. Smith
CONTAGION	---	William S. Jennings
FOOD & DRUG	---	David E. Morgan
MEAT INSP.	---	Joseph Hearl

SUPERVISING NURSES

CITY DISPENSARY	---	Sarah Welch, R.N.
CHILD HYGIENE	---	Edith D'Amato, R.N., B.S.
CHEST DISEASES	---	Frances Dlugosz, R.N.
PAROCHIAL SCHOOLS	---	Mary Hoban, R.N., B.S., M.A.

* Dr. Irving Willner - Retired May, 1960
(Was given Honorary title - Director - Chest Diseases Emeritus)

Pascal J. Baiocchi, M.D. - Health Officer

Honorable Leo P. Carlin, Mayor - Members of the City Council,
Director Aaron Haskin, M.D., and Citizens of Newark, N.J.

The City of Newark continued its good health during 1960, (Tuberculosis mortality 9.9 per C.M., the lowest ever; Infant Mortality 33.7 per M live births) and an adjusted death rate (all causes) of 9.7. We had no prevalence of major contagious disease. Considerable credit is again due to the cooperation of the general public and the medical profession, as well as to many private agencies working with us.

There were 5,064 deaths from all causes in 1960. This figure includes 1,111 non-resident deaths (mostly in Newark hospitals). In 1959 there were 5,166 deaths from all causes. Based on an estimated population of 405,000, reduced from 409,000 last year, this gives a crude mortality rate of 12.5 per 1000, which is within the average range of death rates for the past eleven years. Most major causes of death decreased; organic heart disease deaths decreased from 2,100 to 2,035; cancer deaths from 760 to 716, and deaths due to congenital disorders declined from 389 to 325. There was an increase in deaths due to Nephritis (Bright's Disease) from 142 to 167 and also in deaths due to pneumonia and other respiratory infections from 342 to 360. Tuberculosis has apparently dropped out of the group of major causes since there were only 40 deaths from this cause in 1960 as compared to the previous low record of 52 deaths.

Organic Heart Disease causes about 40% of all deaths, and of the 2,035 such deaths, about 60% were of individuals who had passed their 65th birthday. With the reduced rate of death due to other causes, and with our increased life span, Organic Heart Disease as a cause of death is bound to increase.

There were 13,360 births or a crude rate of 32.9 per M, or about average for the past eleven years. This rate usually increases during war-time and then tapers off. Since this last war, however, we have continued a high rate. As Newark has many non-resident births in our hospitals, the adjusted rate is lower.

ITEMS OF SPECIAL INTEREST

Tuberculosis Mortality (Lowest Ever)

The 40 deaths and a rate of 9.9 per CM again sets a new low record for the thirteenth consecutive year. Treatment of bedrest, nutrition, hospitalization and lung collapse, steadily reduced this rate from 185 in 1918 to 59.3 in 1946. In the past fourteen years, a further reduction of over 80% can be only due to use of so-called "wonder drugs". In measuring the health of a community, Tuberculosis mortality is one of the first rates to consider as it is so directly affected by poor living conditions, malnutrition, over-crowding, low income and lack of general health knowledge by the public. It is also one of the conditions which can be so greatly benefitted by a good health program. The disease spreads rapidly in areas where there is frequent close contact with active patients. Living in over-crowded slum conditions makes it almost impossible to avoid such contacts, consequently, the disease rate is always higher in these sections of a city. In large northern cities, where a large number of negroes are obliged to live in the so-called slum area, the Tuberculosis rate is usually high among the negroes, and very often increases the rate among the other citizens, as well.

The rate among Negroes in Newark, had been reduced through properly directed effort from 284 in 1942, 187 in 1947, and 19.9 in 1960, a reduction of over 90% in 17 years.

Infant Mortality

Infant mortality, like Tuberculosis mortality is an excellent measuring rod of Public Health work. There were 451 deaths under one year, among 13,360 births or a rate of 33.7 per 1000 births, lower than 1959 but slightly higher than our eleven year norm. When Child Hygiene work started in this department 40 years ago the rate was over 100. Had that rate continued there would have been 1,400 baby deaths last year instead of 451.

The bulk of infant mortality reduction has been evidenced chiefly in the decline of intestinal, contagious and respiratory diseases. Respiratory deaths averaged 200 per year, today only 44. Contagion deaths of infants numbered 150, today only 10. The greatest reduction has been of deaths due to intestinal diseases. The number of diarrheal deaths dropped from 273 in 1918 to an average of 8 per year for a period of ten years. Diarrhea as a cause of death is presently being studied, however, because statistics show that there were 14 deaths in 1959 and 36 deaths in 1960 attributed to this cause. Deaths from congenital conditions have decreased at a much slower pace from 38 per M to about 27. One-third of all baby deaths occur the first day and another third within the first six days. Infant hygiene can do little for those babies. The mortality rate for deaths over one month and under one year is 11.1 per M., forty years ago it was 65.4

Care of the Sick

The Health Division provides medical care to all residents who are eligible to receive it. Eighteen percent of the budget (\$363,000) is used for this purpose. In addition to diagnostic procedures, medication is prescribed and prescriptions are filled. Treatments are provided in the various clinics. A proportion of the \$363,000, is paid to physicians who make home calls at the cost of \$4.00 per day visit, and \$6.00 per night visit, and to the Visiting Nurse Association for home calls at the cost of \$4.25 per nurse visit. During 1960, 4,056 home calls were made by physicians, while the Visiting Nurse Association listed 632 home calls by their nurses.

A total number of 26,399 patients made 52,513 visits to our clinics this year. Free prescriptions totaled 76,388. These figures do not include patients who visited either the venereal disease or Tuberculosis clinics. Dental clinics at the main building of the Health Division provide service for adults as well as children. The nine neighborhood clinics are primarily for the purpose of providing care for children of both the parochial and public school systems.

Infant Welfare

(Mental Hygiene) Our Child Hygiene nurses made 58,791 home calls at which they not only see that mothers have pediatric service, either private or at one of our Baby Stations, but also instruct as to diet, sanitary feeding, immunization and other physical needs, and instruct mothers in properly handling behavior problems which, if not handled intelligently would often lead to juvenile delinquency and abnormal adult personalities. They supervised 12,930 babies. We also license and supervise all boarding homes for infants.

Food Handler Lectures

To prevent food infections, we not only inspect all food places, but we have a compulsory Food-Handling Lecture Course (4 one hour lectures) which must be taken by employers and employees. About 1,000 food handlers attend each year - 12,000 have already taken the course.

Spanish Speaking (for Porto Ricans)

The increase in Spanish speaking families mostly from Porto Rico, prompted a large group of our health nurses to voluntarily take a course in Spanish, paying their own fees. We are proud to have this type of employee.

The recent influx of Porto Ricans, has been such that we estimate there are 16,000 in Newark at this time. This figure is based on the family histories of over 3,000 new born Porto Rican babies under health supervision. Most of these 16,000 came to Newark since 1950, and we feel sure the census takers must have missed many of them.

Polio Vaccination

With the development of Salk Vaccine for Polio, we started a program to secure its maximum use, co operating with schools and in our own clinics with 46,000 injections in 1956, 67,765 in 1957, 50,228 in 1958, 86,389 in 1959, and 52,784 in 1960. For extensive study and report of polio immunization and case development, see Contagious Disease Bureau report.

Slum, Plumbing & Industrial Inspections

In 1954 the Plumbing and the bulk of our Environmental Sanitation staffs were transferred to a central Division of Inspections which had heretofore included building inspections, etc.

General Mortality

Deaths from all causes numbered 5064 or a crude rate of 12.5 per M on estimated population of 405,000, compared with 5166 last year. As Newark is a hospital center for many communities, non resident deaths far exceed deaths of Newarkers out of town. If we subtract the non-residents 1111, we have an adjusted rate of 9.7 compared with 10.0 in 1959.

The following table shows the estimated population, crude deaths and death rate, as well as adjusted deaths and death rate since 1940. In spite of a large natural increase (births over deaths) since the 1950 Census, we knew that most of this would be off set by exodus to the suburbs. We therefore, had added only 4,000 to our 1950 figure. The Census for 1960, however, indicates a total of only 405,000. We feel certain the census takers missed a great many, especially in the overcrowded sections of the City. We have adjusted our estimates in the following table for the past ten years to comply with the official census totals.

CRUDE AND ADJUSTED DEATH RATES

7

<u>Year</u>	<u>Pop. in 1000's</u>	<u>Crude Deaths</u>	<u>Crude Rate</u>	<u>Adjust. Deaths</u>	<u>Adjust. Rate</u>
1940	429	5,025	11.7	4,761	11.1
1941	429	4,983	11.6	4,415	10.3
1942	429	5,090	11.9	4,659	10.8
1943	440	5,523	12.6	5,043	11.5
1944	440	5,052	11.6	4,535	10.3
1945	443	5,141	11.6	4,586	10.4
1946	443	4,937	11.1	4,395	9.9
1947	445	5,097	11.2	4,411	9.9
1948	445	5,222	11.7	4,322	9.8
1949	443	5,086	11.5	4,229	9.5
1950	443	5,126	11.5	4,292	9.6
1951	440	5,161	11.7	4,249	9.6
1952	436	5,411	12.4	4,515	10.3
1953	432	5,387	12.5	4,383	10.0
1954	429	5,089	11.9	4,027	9.3
1955	425	5,192	12.2	4,097	9.6
1956	421	5,041	12.0	3,995	9.5
1957	417	5,296	12.7	4,250	10.2
1958	413	4,971	12.0	3,950	9.5
1959	409	5,166	12.6	4,108	10.0
1960	405	5,064	12.5	3,953	9.7

Principal Causes of Death

The major causes of Newark deaths, including non-residents and the known deaths of Newarkers dying from Tuberculosis in out of town sanatoria were as follows:

	<u>1953</u>	<u>1955</u>	<u>1956</u>	<u>1957</u>	<u>1958</u>	<u>1959</u>	<u>1960</u>
Org. Heart Dis. --	1963	2018	1921	2042	2007	2101	2035
Cancer --	828	743	706	762	718	760	716
Apoplexy --	493	398	542	557	535	549	520
Congenital Dis. --	299	359	387	365	377	389	325
Pneu. & Resp.Dis.--	228	324	333	386	310	342	360
Bright's Dis.Neph.-	241	222	190	218	178	142	167
Tuberculosis --	97	68	72	72	52	52	40

Tuberculosis

The 40 Tuberculosis deaths of all forms was a mortality rate of 9.9 per C.M. When we started our control efforts about 40 years ago, that rate averaged 200. Had that rate prevailed, we would have had 800 such deaths this year instead of 40. It is particularly encouraging inasmuch as a steady but slow drop for many years has accelerated with a 75% drop since use of chemotherapy started, only ten years ago. Our field nurses give home injections to non-ambulatory needy patients.

Heart Diseases

The major cause of mortality is naturally, Organic Heart Disease with 2033 deaths, or 4 1/2% of all causes, a decrease of 63 from 1909 which was the highest ever. There can be little question that much of the increase in recent years, is due to the increased life span. To illustrate this, 12% of the heart deaths or 62% of them were of individuals over 65 years of age. Increased tempo in living habits, worry and hysteria naturally contribute. The 1st World War brought it to a new high then of 63 in 1918. It dropped for some years then but the depression brought it to another new high of 104 in 1929. World War II produced in their peak of 1975. It dropped in 1946 to 1963, but as anticipated, world tension and, of course, older age has brought it up again.

Longer Life - Age at Death

That we are living longer is indicated by study of age at death. In 1960 4954 of 5004 deaths occurred to persons who had reached 45 years of age or over, compared with only 4.3 thirty years ago. This year 2522 were over 60 or practically, 50% compared with only 22% thirty years ago.

Typhoid Fever

A former major cause of illness and mortality is worthy of mention. Before universal pure water and milk pasteurization, it was a serious problem. We have had no typhoid death in fourteen years and only 87 cases in that time. All of these were proven to be out-of-town infections.

Contagion and Immunization

Immunization with the combined Diphtheria, Whooping Cough and Tetanus material, continued to show results with no Diphtheria cases for the eighth year, and only 22 Whooping Cough cases. Whooping Cough prior to immunization had a normal prevalence of several hundred cases per year but we have had only 122 cases in the past three years. This may not entirely be due to total prevention but due to such reduced severity that hundreds of cases do occur with symptoms so mild as to escape detection. Intensive studies of all cases by the Contagious Disease Bureau proved this reduced severity.

Measles was again prevalent for the fourth year with 2503 cases. There were only 5 reported cases of Infantile Paralysis. It is almost certain that there would have been a far greater prevalence if our Salk vaccine program had not been well under way.

The Diphtheria record now shows no death in seventeen years, and no case in eight years. This disease formerly averaged 1000 cases and 100 deaths per year. Our infants and pre-school children maintain 100% immunization and our re-immunization school program provides for every three years, for students up to twelve years of age.

Scarlet Fever case fatality is worth noting. Although we still average 200 cases per year we have had only one death among 4000 cases reported in the last 15 years. That disease some 30 years ago, caused 19 deaths per thousand cases.

Maternal Mortality

There were 6 maternal deaths out of 13,360 births, plus 294 still births, or a rate of 0.4 per thousand deliveries. We had one puerperal, septicemia death and have had only three in nine years. Maternal mortality has been decreased 80% since the Medical Society formed a Maternal Welfare Commission to co-operate in this work with us some twenty years ago. (see index Puerperal Deaths)

Accident Deaths

There were 193 accidental deaths, 1 more than last year. Accidental deaths had been steadily dropping from 1943 when we had 304 to a low of 179 in 1954. Falls are the cause of almost half the accidental deaths with 87 this year. Auto and motorcycle deaths dropped to 37, the lowest such cause in six years.

Accidental Deaths by Principal Causes since 1943

Year	Total	Auto & Motor	Acc. Falls	Fire	Other burns	Asph Red'g	Carb. Monox.	Iron- ings	Heat Ex.	Ill. Gas	RNA Pus	Misc.
1943	304	90	87	9	19	6	-	13	4	23	9	44
1944	270	77	92	9	14	3	-	5	7	26	5	32
1945	271	57	107	11	13	9	3	4	1	23	6	37
1946	234	66	90	8	12	8	3	5	1	13	2	26
1947	200	36	79	18	7	12	1	7	1	17	5	17
1948	212	40	78	10	11	12	1	18	8	14	2	18
1949	174	33	76	9	2	13	3	5	4	12	-	16
1950	194	40	84	9	10	4	3	9	-	13	5	17
1951	191	45	85	3	17	1	-	11	-	7	7	15
1952	226	50	90	8	9	4	-	8	29	9	1	18
1953	228	50	96	28	6	4	-	7	15	1	3	18
1954	179	35	90	17	8	6	2	3	-	8	2	9
1955	180	46	85	8	13	4	-	5	2	1	3	14
1956	195	67	80	10	8	10	5	2	-	1	5	7
1957	189	57	86	17	7	5	1	2	2	2	-	10
1958	195	57	101	18	1	3	-	4	-	1	1	9
1959	192	38	79	15	12	19	2	0	-	4	2	21
1960	193	37	87	9	8	25	4	7	-	1	2	13

NEGRO HEALTH STATISTICS

Our estimates for Negro population in the past ten years, have been based on judgment and the death rates. The Federal Census which gave a total for Newark of 405,000 for 1960 has already submitted the breakdown by color, and according to their figures, the Negro population has increased from 76,000 in 1950 to 135,000 in 1960. We are revising our estimates from 1950 to 1960 to make this change a gradual one and add significance to the rates.

A study of the past 25 years is remarkable and indicates excellent results of concentrated effort. In this group, due to housing conditions we find the same high disease and mortality rate as would be natural in any slum or slum section. We find, however, that Tuberculosis mortality, the most directly affected by overcrowding and economic conditions, has been decreased from 388 per CM to 14.5, or a drop of over 90%. Infant mortality has fallen from 89.5, to 48.2 or a 45% reduction.

The mortality rate from all causes dropped from 18.8 in 1936, to 8.4 in 1960, over 50% reduction. For several years the rate has been about the same as for the total population. There were two puerperal deaths out of 5023 births, or .4 per M deliveries and no septicaemia deaths. There has been only one septicaemia death in 12 years.

STATISTICS FOR PAST 25 YEARS

Year	Pop in 1000, s	Deaths	Mort rate	Births	Birth rate	TB Mort deaths	rate	Infant Mort deaths	rate
1936	42	789	18.8	883	21.0	163	388.1	79	89.5
1938	43	690	16.0	997	23.2	131	304.7	62	62.2
1940	40	695	17.7	1043	26.1	139	345.0	74	70.9
1942	44	721	16.4	1277	28.3	125	284.1	69	54.5
1944	52	679	13.0	1326	25.4	119	229.1	76	57.3
1946	60	678	11.3	1595	26.6	122	203.3	87	54.5
1948	68	805	11.7	2225	32.7	103	151.5	123	55.3
1950	76	845	11.1	2344	30.9	98	129.0	118	49.9
1951	80	826	10.3	2590	32.4	83	103.7	109	42.1
1952	85	896	10.5	2659	31.3	79	92.9	153	57.5
1953	92	907	9.9	2917	31.7	49	53.3	119	40.8
1954	98	878	8.9	3245	33.1	36	36.7	149	45.9
1955	104	976	9.4	3630	34.9	43	41.3	172	47.4
1956	110	921	8.4	4021	36.3	35	31.9	189	47.9
1957	116	1105	9.5	4419	38.1	47	40.5	197	44.5
1958	123	1056	8.6	4617	37.5	24	19.5	234	50.7
1959	130	1174	9.0	4936	38.0	30	23.1	253	51.2
1960	138	1162	8.4	5023	36.5	20	14.5	241	48.2

The extremely low mortality rate among Negroes is greatly aided by the fact that, as yet their population over 50 or 65 years of age, is a much lower proportion than among Whites, e.g. in 1950 25% Whites were over 50, only 13% Negro, 7.7% of the White population were over 65, and only 3.3% of the Negro. That age group, naturally, has the greatest number of deaths.

Administration

1.

Robert F. Morgan, Asst. Health Officer

The Administrative Bureau supervises the functions of the entire Division for the Health Officer. This includes Vita. Statistics, Accounting, Maintenance and Cleaning, Health Education and Publicity, Personnel Records and Assignment, Reproduction of forms and reports, Divisional Instructions and Health Reports

Vital Statistics

Daniel Patris, Supervisor

During 1954, the Health Officer was officially made Registrar of Vital Statistics instead of the City Clerk as theretofore, and a staff of clerical workers was transferred to the Health Division.

That small group received 13,360 birth, 5064 death and 4138 marriage certificates during the year. They prepare reference cards for each, micro-film all of them, sending the original certificates to the State Dept of Vital Statistics. All birth and death certificates are also put on IBM sorting cards to assist in preparing studies and reports. Individual birth records are prepared and delivered by our Child Hygiene nurses, without charge. Photostat copies of out of-town births and deaths must also be sent to the city of residence.

Burial permits are issued and many old records are re-issued by request. This is often a slow procedure. Prior to micro-filming, such data was copied in pen and ink in old bound books, most of which were rapidly deteriorating, but have now been micro-filmed which will require 5% of the space needed for the books and save hours of time looking up even one old record.

The requests for old records such as births or deaths, is in addition to routine work outlined above. During 1960 more than 28,000 such searches were made and records issued with actual cash receipts of \$59 717. The fees for records was increased in 1957 from \$1.00 to 2.00 per record, and \$.50 for each burial or removal permit, both formerly free.

Many free records in addition to above are supplied for veterans, school verification and official agencies, and many thousand corrections in original certificates, must be made.

Visual Health Education

Pierce C. Fellows, Supervisor

Our Health Education work is aided through the following media, taking and processing photographs, slides and motion pictures, production of sound slide sequences such as a series on home safety and another on "Newark's Health Department", and health exhibit displays. These films and slides are used by our lecturers before Civic Clubs, P.T.A.'s and such groups. We also operate a Food-handling Lecture Course (4 one hour lectures) which is compulsory for all food-handlers including management.

Maintenance

Cleaning, heating and general maintenance is provided for our Main Building, 3 annexes and considerable maintenance for 24 outside health stations and neighborhood clinics. It provides elevator operation, night watch service, etc.

Milton Goodman, AB, LIB,
Comp. Proc. Officer

Although the City Law Department handles legal work for all City Departments, our work is greatly aided by our Processing Officer who is a lawyer with public health experience. He is present at all preliminary hearings before the Health Officer. After both sides are heard at these hearings, time is often granted and necessary court cases are considerably reduced in number.

During 1960, 1525 cases did go to court including cases for the Inspection Division of the City. In addition to abatements secured, \$51,150 in penalties was collected.

1960

Personal Services (Salaries) \$1,502.186
 445 Employees
 Other than Personal Services 191.82
 TOTAL \$1,994.168

Personal Services (Salaries)
 445 Employees \$1,514,702.
 Other than personal service 194,244.
 TOTAL \$2,009,500.

Type of Expenditures Other than salaries

1960

1959

Dr. Home Calls	17015.	17061.	In-Service Training	.	.
Nurses' Home Calls	3480.	12812.	Care-Travel Allow.	.	.
Drugs-Chemicals	39493.	41469.	Milk-Food Samples	.	.
Clin-Surg Supp ly	5449.	5422.	Cleaning Hlth Stps	.	.
Dent. Equip. Supply	3233.	2968.	Furn. & Clin. f	.	.
Lab. Equip-Supply	8500.	5755.	Light & Heat	.	.
Xray Film Sup.	7833.	6999.	Janitor Supplies	450.	.
Tels Service	9642.	12078.	Rent Annex & Stas	16400.	.
	5899.	5400.	Printing & Stationery	16600.	.
Automobile	2500.	-	Misc'll	12746.	.
			TOTALS	\$171982.	.

RECEIPTS

with City as Misc'l receipts and are not reflected in our Budget.

PERMITS: Chicken, Animal, Etc \$909.40

LICENSSES: 1. . .

Refuse Trucks 82.00

Meat Plant 3950.00

101 Liv on Par. of Serum 90.00

16.00

136 .

335.32

20.48

Childrens' Hosp of Phila

for year 1959 79.50

Sub.Total \$17000.50

Fees for birth, death and

marriage records 59715.54

TOTAL \$72,718.44

DAIRY INSPECTION ACCOUNT

kept for costs of out-of-town inspections. Dealers pay such costs as travel, hotel, meals, etc. They maintain a balance at all times.

Expended 1959 Expended 1960

kept. Dog license receipts maintain the fund which pays all costs, except salaries, for dog trucks, rabies vaccination fees, men, etc.

Balance Jan. 1, 1960 \$6041.00

2 Kennel Lic 20.00

4 Pet Shop 40.00

Dogs Re ceived 360.00

Total 1960 Receipts \$29003.50

GRAND TOTAL \$31094.52

total \$55724.74

Balance on hand 1/1/61 \$ 5371.78

MORTALITY TRENDS FOR 50 YEARS

15

YEAR	POPULATION 1,000'S	CRUDE DEATHS	CRUDE DEATH RATE PER 1000	RATES PER 100,000		
				SCARLET FEVER	TYPHOID	TYPHOUS F
1911	352	5,337	15.16	5.0	10.5	21.0
1912	370	5,423	14.65	3.0	7.0	24.6
1913	380	5,562	14.63	6.9	7.9	25.0
1914	395	5,809	14.70	6.8	6.6	1.0
1915	375	5,282	14.20	1.6	2.9	15.1
1916	385	6,357	16.50	1.8	6.0	15.8
1917	405	6,205	15.30	0.7	4.2	1.3
1918	430	8,483	19.72	2.6	3.5	19.1
1919	440	5,534	12.57	2.7	2.0	11.2
1920	444	5,551	12.50	2.9	1.9	11.9
1921	425	4,774	11.24	5.9	2.8	1.1
1922	432	5,209	12.06	3.5	2.8	15.9
1923	439	5,221	11.67	1.1	2.5	7.7
1924	446	5,004	11.22	1.8	2.7	9.7
1925	453	5,210	11.67	2.0	1.1	9.3
1926	460	5,150	11.25	1.3	1.5	4.6
1927	467	5,086	10.90	2.6	1.3	13.3
1928	474	5,512	11.63	1.3	1.0	20.0
1929	480	5,632	11.74	0.8	0.6	20.0
1930	480	5,239	11.92	0.7	0.2	10.9
1931	445	5,073	11.40	2.0	4.5	3.6
1932	450	4,682	10.40	0.7	0.9	0.5
1933	452	4,930	10.91	0.9	0.5	0.2
1934	454	4,764	10.49	0.4	0.2	0.2
1935	455	4,996	10.96	0.2	0.0	0.2
1936	457	5,331	11.68	1.5	0.2	NONE
1937	458	5,061	11.00	0.2	0.0	0.2
1938	458	4,970	10.85	0.2	0.4	0.2
1939	459	4,855	10.58	0.9	0.9	0.2
1940	429	5,025	11.71	NONE	NONE	NONE
1941	429	5,127	11.62	NONE	NONE	NONE
1942	429	5,256	11.86	0.2	NONE	NONE
1943	440	5,702	12.55	0.2	NONE	0.2
1944	440	5,201	11.88	0.2	NONE	NONE
1945	443	5,292	11.60	0.2	0.4	NONE
1946	443	4,937	11.14	NONE	NONE	NONE
1947	445	5,097	11.54	NONE	NONE	NONE
1948	445	5,087	11.43	NONE	NONE	NONE
1949	443	4,983	11.25	NONE	NONE	NONE
1950	443	5,126	11.57	NONE	NONE	NONE
1951	443	5,161	11.66	NONE	NONE	NONE
1952	440	5,411	12.34	0.2	NONE	NONE
1953	440	5,387	12.18	NONE	NONE	NONE
1954	443	5,089	11.49	NONE	NONE	NONE
1955	443	5,192	11.74	NONE	NONE	NONE
1956	443	5,041	11.38	NONE	NONE	NONE
1957	447	5,246	12.70	NONE	NONE	NONE
1958	443	4,971	12.03	NONE	NONE	NONE
1959	409	5,166	12.62	NONE	NONE	NONE
1960	405	5,064	12.51	NONE	NONE	NONE

NOTE: POPULATION ESTIMATES FOR 1957-1960 HAVE BEEN CHANGED BECAUSE OF THE GREAT DECREASE REPORTED BY FEDERAL CENSUS OF 1960. THEY WILL THEREFORE DIFFER FROM ESTIMATES USED IN REPORTS OF PRIOR YEARS.

ALTERNATE YEARS TO 1938

YEAR	DEATHS	INFANT	BIRTHS	RISIN	POP.	T. POP.	T. POP.	THERIA	TYP.	D. POP.	T. POP.
	UN- DER 1 YR.	MORTAL- ITY									
1918	1215	104.7	11,575	27.0	731	748	185.6	82	15	429	637
1920	994	80.7	11,731	26.7	244	240	156.4	62	8	507	492
1922	825	74.8	11,993	25.4	167	122	89.3	73	12	336	410
1924	746	65.2	11,410	25.7	139	392	87.9	39	12	399	729
1926	753	71.9	11,110	24.7	125	121	91.5	21	7	331	918
1928	626	63.8	9,702	20.7	78	412	86.9	95	5	288	1002
1930	512	52.2	9,781	22.2	115	145	101.0	48	1	244	1008
1932	371	42.3	8,746	19.1	14	340	80.0	2	4	242	918
1934	342	41.2	7,555	16.7	23	717	69.8	1	1	227	1002
1936	332	45.9	7,276	15.8	14	346	75.7	0	1	211	1162
1938	310	39.1	7,936	16.3	12	277	62.7	1	2	149	1201
1939	307	38.1	7,000	17.3	20	277	60.3	1	4	151	1200
1940	300	35.1	8,000	19.9	14	299	71.9	0	1	121	1300
1941	318	32.6	9,765	22.8	13	271	63.9	0	0	222	1536
1942	352	29.3	12,016	21.0	12	288	66.1	0	0	223	1766
1943	367	30.8	11,856	26.9	15	291	66.8	1	0	276	1875
1944	374	34.7	11,792	26.5	23	257	58.4	0	0	271	1944
1945	390	34.7	11,254	25.4	10	247	55.8	0	2	274	1766
1946	416	30.9	13,427	30.3	3	251	59.0	0	0	245	1663
1947	429	29.2	14,710	33.1	13	259	56.2	0	0	281	1724
1948	386	28.3	13,703	30.8	2	232	52.1	0	0	276	1804
1949	389	29.0	13,409	30.3	11	211	47.6	0	0	269	1797
1950	377	27.1	13,124	29.7	8	210	42.2	0	0	246	1872
1951	379	27.0	14,028	31.1	2	199	38.1	0	0	259	1895
1952	405	29.1	13,008	31.7	6	152	34.5	0	0	238	1857
1953	364	25.8	14,116	32.1	6	97	22.0	0	0	241	1973
1954	412	28.6	14,400	32.5	12	68	15.3	0	0	213	1946
1955	426	29.7	14,743	32.4	13	61	15.3	0	0	222	2018
1956	448	30.7	14,105	32.9	2	72	16.2	0	0	190	1921
1957	443	30.1	14,607	32.0	5	72	16.1	0	0	218	2002
1958	439	32.0	15,015	31.5	8	52	11.6	0	0	178	2007
1959	499	31.9	14,391	31.1	16	52	11.6	0	0	142	2015
1960	451	33.7	13,360	32.9	39	10	10.0	0	0	167	2035

*1. DES NEWARK RES. DENTS WHO LEAVE OUT-OF-TOWN **FOR NEG-NATAL RATE SEE (OTHER MORT. TRENDS).

1960 DEATH FROM SPECIFIC CAUSES BY AGE, SHOWING PERCENTAGE BY AGE

AGE OF DEATH	TOTAL	UNDER 5	%	5-24	%	25-64	%	65-64	%	OVER 65	%
TOTAL (ALL CAUSES)	5064	520	10.3	82	1.6	408	8.2	1532	30.2	2522	49.7
PNEU & OTHER RESP.	360	58	16.2	6	1.7	32	8.8	84	23.3	180	50.0
TUBERCULOSIS-ALL FORMS	40	—	—	—	—	12	30.0	18	45.0	10	25.0
BRIGHT'S DISEASE	167	—	—	1	0.7	25	15.0	51	30.5	90	53.8
CANCER	716	2	0.3	6	0.9	41	5.7	332	46.3	335	46.8
APHEXY	520	3	0.6	2	1.3	30	5.7	137	26.3	344	66.1
ORGANIC HEART DIS	2035	4	0.2	12	0.6	103	5.1	646	31.7	1270	62.8
ACCIDENTS	103	39	20.2	20	10.4	37	19.3	36	17.3	41	31.4

YEAR	TOTAL DEATHS	UNDER 1 YR.	1 AND UNDER 2	2 AND UNDER 5	TOTAL UNDER 5	5-14	15-24	25-44	45-64	OVER 65
1918	8124	1215	433	434	2082	314	700	2308	1754	1217
1919	5534	862	190	124	1238	249	345	1204	1376	1122
1920	5551	994	253	192	1439	220	327	1041	1379	1145
1921	4776	837	136	134	1107	194	248	910	1256	1061
1922	5209	822	198	166	1186	232	268	925	1444	1124
1923	5221	756	163	136	1055	196	305	872	1503	1290
1924	5111	746	130	139	1015	199	268	975	1470	1184
1925	5447	746	132	144	1022	206	273	1018	1640	1288
1926	5606	753	187	158	1098	156	277	1015	1618	1442
1927	5296	636	109	112	857	210	277	974	1724	1254
1928	5735	626	156	126	968	245	304	1002	1794	1422
1929	5857	594	104	152	850	192	308	1162	1768	1577
1930	5447	512	83	119	714	188	327	1037	1788	1393
1931	5306	490	64	98	652	172	252	1025	1797	1458
1932	4850	371	41	73	485	128	228	890	1677	1442
1933	5128	356	68	96	520	141	215	914	1775	1563
1934	4921	342	54	54	450	117	192	824	1779	1559
1935	4996	417	46	60	523	117	190	864	1788	1514
1936	5331	332	45	45	422	116	218	861	1792	1532
1937	5256	287	51	61	400	115	202	812	1877	1850
1938	5116	310	29	45	384	86	179	751	1845	1871
1939	5005	303	23	24	350	97	168	704	1777	1909
1940	5207	300	26	33	359	55	168	703	1934	1988
1941	5127	318	30	34	382	62	138	639	1948	1958
1942	5256	352	25	36	412	50	151	682	1935	2025
1943	5702	367	24	44	435	66	148	660	2074	2313
1944	5201	375	24	29	428	67	113	618	1904	2071
1945	5292	390	24	31	445	75	124	564	1933	2151
1946	5078	416	14	31	461	51	112	561	1800	2083
1947	5238	429	24	33	486	32	98	591	1898	2153
1948	5222	388	22	21	431	29	73	502	1949	2237
1949	5086	389	22	28	439	33	86	472	1825	2231
1950	5209	357	22	24	403	25	84	515	1928	2254
1951	5161	379	19	29	427	38	56	495	1855	2290
1952	5411	405	15	28	448	37	61	538	1956	2372
1953	5387	364	24	33	421	39	55	493	1906	2473
1954	5089	412	22	29	465	24	46	456	1788	2309
1955	5192	426	27	29	482	33	54	460	1768	2395
1956	5041	448	17	23	490	42	62	417	1672	2358
1957	5296	443	22	27	492	34	50	492	1776	2446
1958	4971	437	39	32	508	33	41	425	1596	2368
1959	5166	498	17	47	562	38	39	414	1660	2453
1960	5064	451	31	38	520	34	48	408	1532	2522

NOTE: TOTAL DEATHS INCLUDE ALL DEATHS IN NEWARK, BOTH RESIDENT AND NON-RESIDENT, AS WELL AS DEATHS OF NEWARKERS AT OUT-OF-STATE INSTITUTIONS.

Deaths and Death Rates - By Cause and Color
(Specific Death Rate per 100,000)

1

		<u>Total</u>				<u>Negro</u>			
		<u>1959</u>		<u>1960</u>		<u>1959</u>		<u>1960</u>	
		<u>Rate</u>	<u>Deaths</u>	<u>Rate</u>	<u>Deaths</u>	<u>Rate</u>	<u>Deaths</u>	<u>Rate</u>	<u>Deaths</u>
Total	All Causes	12.6	5,166	12.5	5,064	9.0	1,174	8.4	1,162
Diabetes Mellitus		10.5	43	8.1	33	9.2	12	9.4	13
Septicemia		2.7	11	2.2	9	3.1	4	0.0	0
Peritonitis		6.3	26	5.4	22	3.8	5	8.0	11
Leukemia		7.8	32	6.9	27	2.3	3	2.2	3
Pulm. Emb. & Inf.		10.9	45	12.3	50	4.6	6	3.6	5
Infantile Paralysis		0.2	1	0.0	0	.8	1	0.0	0
Typhoid Fever		0.0	0	0.0	0	.0	0	0.0	0
Erysipelas		0.0	0	0.0	0	.0	0	0.0	0
Measles		0.2	1	0.0	0	.0	0	0.0	0
Tetanus		0.0	0	0.0	0	.0	0	0.0	0
Scarlet Fever		0.0	0	0.0	0	.0	0	0.0	0
Diphtheria		0.0	0	0.0	0	.0	0	0.0	0
Whooping Cough		0.0	0	0.0	0	.0	0	0.0	0
Influenza		0.0	0	0.0	0	.0	0	0.0	0
Epidemic Meningitis		0.9	4	1.2	5	3.8	3	2.2	3
Other Epid. Diseases		0.0	0	0.7	3	.0	0	0.7	1
Tuberculosis (Lung)		9.8	40	8.1	33	14.6	19	11.5	16
" Meningitis		1.9	8	0.2	1	6.1	8	0.7	1
" Other Forms		0.9	4	1.4	6	2.3	3	2.2	3
Cancer-Malig. Tumor		185.4	760	176.8	716	85.4	111	84.0	116
Simple Meningitis		3.2	13	4.2	17	2.3	3	8.0	11
Apoplexy-Soft. of Brain		133.9	549	128.4	520	83.9	109	81.8	113
Organic Heart		512.6	2,101	502.5	2,035	275.8	358	241.3	333
Lobar Pneumonia		16.1	66	21.5	86	14.6	19	18.8	26
Broncho Pneumonia		31.7	130	29.6	120	40.7	53	27.2	38
Other Respiratory		36.1	148	38.0	154	24.6	32	13.6	19
Dis. of Stomach		5.8	24	6.4	26	0.8	1	4.4	6
Diarrhea (Under 5 yrs)		3.9	16	9.6	39	8.4	11	19.2	27
Appendicitis & Typhlitis		0.5	2	0.0	0	0.8	1	0.0	0
Hernia & Int. Obst.		7.8	32	7.4	30	3.8	5	3.6	5
Cirrhosis of Liver		18.5	76	17.8	72	11.5	15	5.6	8
Nephritis		34.6	142	41.6	167	24.6	32	27.9	39
Puerperal Septicemia		0.0	0	0.2	1	0.0	0	0.0	0
Other Puerperal Dis.		2.4	10	1.2	5	6.1	7	1.4	2
Congenital Diseases		94.9	389	80.3	325	147.7	192	115.9	160
Old Age		0.9	4	2.2	9	1.5	2	0.0	0
Accidents		46.8	192	47.6	193	45.4	59	52.9	73
Homicide		8.3	34	9.4	38	23.8	31	18.8	26
Suicide		6.3	26	8.1	33	2.3	3	2.2	3
Ill Defined Causes		17.6	72	18.8	76	16.2	21	25.0	35
All Other Causes		40.3	165	52.6	213	34.6	45	47.8	66

e. Negro rates based on 138,000 Census figure for 1960 and revised estimate of 130,000 for 1959
Total rates are based on 1960 Census of 405,000 and revised 1959 estimate of 409,000.

	1950	1951	1952	1953	1954	1955	1956	1957	1958	1959	1960
TOTAL - ALL CAUSES	5213	5161	5111	5387	5089	5152	5041	5296	4979	5166	5064
DIABETES MELLITUS **							16	39	23	43	33
SEPTICAEMIA **							12	15	9	11	9
PERITONITIS **							24	30	19	26	22
LEUKAEMIA **							34	35	31	32	27
PULMONEMOLISM & INFARCT.							56	54	448	445	50
INFANTILE PARALYSIS	4	1	3	0	2	3	0	0	2	1	0
TYPHOID FEVER	0	0	0	0	0	0	0	0	0	0	0
ERYSIPELAS	0	0	0	0	0	0	0	0	0	0	0
MALARIA	0	0	1	0	1	0	0	5	0	1	0
TETANUS	0	0	0	0	0	0	0	0	0	0	0
SCARLET FEVER	0	0	1	0	0	0	0	0	0	0	0
DIPHTHERIA	0	0	0	0	0	0	0	0	0	0	0
WHOOPING COUGH	0	0	1	0	0	0	0	0	0	0	0
INFLUENZA	1	3	2	5	1	0	1	2	1	0	0
EPIDEMIC MENINGITIS CER. SPIN.	0	2	2	1	1	5	2	2	1	4	5
OTHER EPIDEMIC DISEASES	0	0	0	0	0	0	1	0	0	0	3
TUBERCULOSIS (LUNGS)	184	112	114	78	59	58	60	63	49	40	33
" (MENINGITIS)	7	12	5	12	5	2	8	4	1	8	1
" OTHER FORMS	18	15	10	7	4	8	4	5	2	4	6
CANCER & MALIGN. TUMOR	791	795	784	822	783	743	706	762	718	760	16
SIMPLE MENINGITIS	11	8	10	10	12	11	7	11	2	13	17
APOPLEXY	121	394	494	493	124	292	542	557	535	549	520
ORGANIC HEART DISEASE	1812	1805	1857	1963	1956	2018	1921	2042	2007	2101	2115
LOBAR PNEUMONIA	75	53	61	46	55	57	50	57	37	66	71
BRONCHO PNEUMONIA	88	70	87	77	91	93	125	159	139	130	120
OTHER RESPIRATORY	146	121	138	105	104	172	158	170	142	142	154
DISEASES OF STOMACH	22	42	31	32	54	46	20	35	29	24	26
DIARRHEA UNDER 5 YRS.	8	2	6	6	13	13	3	5	8	16	39
APPENDIC. & TYPHLITIS	6	6	11	7	6	4	3	2	-	2	-
HERNIA & INTEST. OBSTR.	31	41	56	42	50	33	34	41	28	32	30
CIRRHOSIS OF LIVER	71	69	70	94	81	81	83	75	74	76	79
NEPHRITIS	246	259	238	241	213	222	190	218	178	142	177
DIS. OF WOMEN (NOT CANCER)	2	1	1	2	1	-	1	1	1	-	-
PUERPERAL SEPTICAEMIA	0	0	1	0	0	0	0	0	1	0	1
OTHER PUERP. DISEASES	10	7	15	10	13	6	1	5	6	10	5
CONG. DISEASES	293	322	317	299	324	359	387	365	377	389	325
OLD AGE	14	8	6	1	3	3	7	4	0	4	9
ACCIDENTS	194	191	226	228	180	180	195	189	193	192	193
HOMICIDES	19	26	31	32	41	30	27	40	42	34	38
SUICIDES	59	39	32	41	30	34	39	29	29	26	33
ILL DEFINED	60	64	53	65	57	37	51	55	39	72	76
ALL OTHER CAUSES	598	658	716	662	542	570	275	217	191	165	211
CRUDE DEATH RATE PER THOUSAND	11.6	11.7	12.4	12.5	11.9	12.2	12.0	12.7	12.0	12.6	12.5

** PREVIOUSLY INCLUDED WITH "OTHER CAUSES"

DEATHS UNDER ONE YEAR BY CAUSES OF DEATH 1918 - 1960 (ALTERNATE YEARS)

YEAR	MEA- SIFS	BROU- CH. TIS	PNEU- MONIA	MENIN- GITIS	DIAP- HREA	OTHER CONT. DISEASES	CONGENITAL PRENATURAL	ALL OTHER	TOTAL
1918	93	84	156	30	273	89	442	112	1213
1920	16	57	143	19	191	66	402	100	994
1922	14	44	128	11	153	22	352	98	822
1924	4	38	106	17	115	24	356	86	746
1926	17	18	142	5	102	16	383	70	753
1928	11	8	97	12	68	19	356	55	626
1930	4	9	95	10	33	10	278	79	512
1932	0	2	67	5	13	12	232	40	371
1934	0	2	52	5	23	2	221	37	342
1936	0	5	51	10	13	9	202	42	332
1938	0	3	40	3	10	10	211	33	310
1940	0	1	26	4	14	0	223	32	300
1942	2	1	41	3	8	2	260	35	352
1944	0	1	43	8	23	3	275	22	375
1946	0	0	44	3	3	4	330	32	415
1948	0	0	26	1	2	1	315	43	388
1950	0	2	28	1	8	0	288	30	357
1952	0	6	32	5	4	0	316	42	405
1954	0	2	29	6	11	0	321	43	412
1956	0	0	31	5	1	10	382	19	448
1958	0	0	40	2	4	0	373	20	439
1959	1	0	42	9	14	0	386	46	493
1960	0	0	40	9	36	0	320	46	451

INFANT MORTALITY RATES (1ST DAY-1ST MONTH-1 YEAR, ETC.)

YEAR	UNDER 1 DAY	NEXT 6 DAYS	UNDER 1 WEEK	OVER 1 WK. UNDER 1 MO.	TOTAL UNDER 1 MO.	OVER 1 MO. UNDER 1 YEAR	TOTAL UNDER 1 YEAR
1934	11.9	9.5	21.4	5.8	27.2	18.0	45.2
1937	9.7	6.7	16.3	5.5	21.8	15.7	37.5
1940	12.4	8.4	20.8	3.9	24.7	10.4	35.1
1943	9.2	8.3	17.6	3.8	21.5	9.4	30.9
1946	11.6	9.5	21.2	2.6	23.8	7.2	31.0
1949	8.6	10.0	18.6	3.4	21.9	7.1	29.0
1950	8.7	9.7	18.4	3.3	21.8	5.3	27.1
1951	10.4	8.7	19.1	2.6	21.8	5.3	27.0
1952	9.1	9.3	18.4	4.0	22.4	6.6	29.0
1953	8.1	9.9	18.1	2.8	20.8	5.0	25.8
1954	11.2	7.2	18.3	3.2	21.5	7.1	28.6
1955	12.3	7.6	20.4	2.6	22.9	6.9	29.7
1956	11.3	8.6	19.9	3.2	23.1	7.5	30.7
1957	11.1	8.6	19.7	3.0	22.7	7.4	30.1
1958	13.1	8.3	21.4	2.9	24.4	7.9	32.2
1959	12.0	10.8	22.8	3.5	26.4	9.5	35.9
1960	10.2	9.9	20.1	2.5	22.6	11.2	33.8

IN 1914 THE POST-NEONATAL RATE WAS 59.9 COMPARED WITH OUR PRESENT RATE OF 11.2.

INFANT MORTALITY BY COLOR

21

YEAR	WHITE INF. MORT.	COLOR INF. MORT.	WHITE POST NEO-NAT.	COLOR POST NEO-NAT.	WHITE NEO-NAT.	COLOR NEO-NAT.
1920	81.0	152.4	43.6	96.0	37.4	66.4
1925	61.9	155.1	33.8	89.9	27.2	65.2
1929	49.8	138.7	23.2	70.3	26.6	69.4
1933	39.1	91.1	17.2	42.8	21.9	46.3
1937	34.5	61.5	12.9	37.8	21.6	23.6
1939	36.7	74.8	18.4	32.2	18.3	42.6
1941	27.5	62.6	7.5	21.5	21.1	41.1
1943	27.6	59.6	6.9	31.4	20.7	28.3
1945	31.7	54.6	10.5	20.8	21.2	33.7
1947	25.3	54.5	5.9	11.7	19.4	42.8
1949	22.3	61.9	5.8	17.2	17.3	44.7
1951	23.6	42.1	4.0	10.8	19.6	31.3
1953	21.9	40.8	4.1	8.2	17.9	32.6
1955	23.7	47.5	4.2	14.3	19.5	33.1
1956	24.5	47.0	6.0	11.7	18.6	35.3
1957	24.0	44.6	5.4	12.2	18.6	32.4
1958	22.8	50.9	4.3	14.8	18.2	36.1
1959	27.4	51.3	6.8	14.4	20.6	36.9
1960	25.3	46.0	7.2	14.1	18.0	30.2

*POST NEONATAL IS OVER 1 MO. BUT UNDER 1 YEAR **NEONATAL IS UNDER 1 MONTH.

* * * * *

BIRTHS--ATTENDANT & PLACE OF DELIVERY

STILLBIRTHS & MATERNAL DEATHS

YEAR	TOTAL BIRTHS	NON-RES. BIRTHS	HOSPITAL DELIVERIES	HOME DELIVERIES PHYS. MIDWIFE	PER CENT DEL. IN HOSPITALS
1915	10,955	238	1,295	4,243 5,414	11.8
1927	10,042	1,246	4,995	2,709 2,338	49.7
1935	7,638	1,812	6,076	1,047 715	79.5
1939	7,950	2,180	7,315	401 234	92.0
1943	11,856	3,978	11,230	432 194	94.7
1947	14,710	5,206	14,419	211 80	98.0
1950	13,174	4,977	12,969	171 34	98.1
1952	13,968	5,683	13,783	161 24	98.7
1954	14,404	5,700	14,146	135 23	98.9
1955	14,343	5,439	14,181	141 21	98.9
1956	14,605	5,636	14,426	160 19	98.8
1957	14,697	5,414	14,488	194 15	98.5
1958	13,615	4,616	13,399	208 8	98.2
1959	13,881	4,736	13,649	230 2	98.3
1960	13,360	4,411	13,167	191 2	98.6

YEAR	PUER. DEATHS	MAT. MORT. PER 1,000 DEL.	BIRTHS	STILL BIRTHS	STILL BIRTHS PER 1,000 DEL.
1918	53	4.5	11,401	935	44.1
1922	58	5.2	10,993	422	37.6
1926	71	6.5	10,460	437	40.1
1930	67	6.6	9,824	367	36.0
1934	41	5.2	7,565	256	32.7
1938	23	2.8	7,936	247	29.8
1942	22	1.8	12,016	301	24.4
1946	16	1.2	13,427	322	23.4
1950	12	.9	13,174	264	20.9
1952	16	1.1	13,968	264	18.5
1954	13	.9	14,404	266	18.1
1955	6	.4	14,343	310	21.2
1956	3	.2	14,605	311	21.0
1957	5	.3	14,697	283	18.9
1958	7	.5	13,615	281	20.0
1959	10	.7	13,881	291	20.7
1960	6	.4	13,360	271	20.0

SANITARY BUREAU

Edward A. Smith, Supervising Chief Sanitary Inspector

Although the major portion of our Sanitary Bureau which covered slum clearance of residence rehabilitation, was transferred during 1954 to the City Division of Inspections, the Health Division maintains a staff of twelve inspectors, (reduced to nine in October) mostly motorized to investigate sanitary complaints and to insure sanitary conditions by enforcement of the Sanitary Code.

This group also regulates rodent and vermin extermination and supervises fumigation with dangerous gases.

Sanitation

Hearings Held (No. of Cases)	74	Nuisances Confirmed	14,657
Cases Prosecuted	482	Notices Served	14,674
Convictions	314	Abatements	13,646
Total Inspections	53,420	Complaints unjustified	912
Complaints Investigated	11,112		

The nuisances confirmed included hundreds of different conditions. The largest in number were the following:

Heat (Insufficient or defective equipment)	242	Dog-Cat Conditions-Barking, Filth, Odors, etc.	3,888
Insanitary Housekeeping	146	Defective Walls-Ceilings, etc.	1,434
Overcrowding (Insuf. Airspace)	131	Rodent / Vermin Infes.	1,047
Accumulations (Garbage-Etc.)	2,803	Cellar Sleeping	26
Garbage Cans (Insuf-Improper)	2,561		
Sewage-Accumulations, etc.	76		
Weeds	217		

License & Permits After inspection and approval, following permits were granted:

Ice Trucks	39	Refuse Trucks	45
Keeping Fowl	89	Animal Permits	4

Fumigation Control Extermination and other procedures by use of dangerous gas is limited to licensed fumigators who must pass a written examination. Every fumigation is then supervised. Work also includes rodent and vermin investigation.

Roomage Sale Fumigations	92	Structure Demolitions	173
Factory & Brewery Fumig.	37	City & Private Dump Insp.	3
Vaults Fumigations	18	Total such Inspections	176
Freight Cars Fumigations	6		

Rabies Control The same group of inspectors investigates all animal bites (which must be reported), and quarantine the biting animals for ten days. If animal is well at end of that quarantine, it is released and it proves the animal did not have rabies in the infectious stage at the time of biting. The bitten person in that case does not need the pasteur treatments (which we provide free for Newark residents when animal has been found to be rabies infected).

During the year, 2,106 bites were investigated (2,017 dogs, 30 cats, 59 other animals). No biting animal proved positive and no one was given the Pasteur Treatment.

Weed Control (Hay Fever and Poison Ivy) In addition to serving notice on owner of property where weeds are rampant, one of our maintenance workers operates a truck with spraying facilities. Many of the worst spots are publicly owned or of doubtful ownership. He sprayed 382 such places, mostly during the ragweed polination period as that is the principal offender in causing "hayfever". Such jobs vary from small lots to such places as a strip 25' x 2200', another 10' x 3000' and one 25' x 6000'. The material used included chemicals destroying both ragweed and poison ivy.

Throughout the year this Division received hundreds of complaints from the Bureau of Sanitation and Police Department regarding the following violations of our Sanitary Code.

- Improper Receptacles
- Improper Preparation of Ashes
- Improper Preparation of Garbage
- Improper Preparation of Paper
- Improper Preparation of Rubbish
- Receptacle not removed within one hour after collection
- Other violations

Each case was investigated by the Health Inspectors and where violations were found to exist a written notice was served personally on the responsible person giving him 72 hours in which to abate the nuisance.

As a result of these investigations thousands of new cans are replacing the dilapidated cans, boxes, cartons and baskets formerly in use throughout the city.

DOG CONTROL

Lawrence Rogers, Supervisor of Dog Control

Prior to 1954, the picking up of stray dogs (all dogs in public must be on a leash) was carried out by the Humane Society. In 1954, this arrangement was changed and greatly improved. The Health Division secured two dog ambulances of its own, operated by four Dog Wardens (Dog Catchers). The Humane Society is paid approximately \$11,000 per year to supply housing and feeding for all animals picked up by us or brought by owners to be disposed of, etc.

The Shelter Contract, as well as the cost of trucks, equipment and all expenses other than salaries are more than covered by the Dog License Fees (See Financial Report Page).

Dog Licenses Issued \$2.25 each	10,926
"Sesing Eye" Dog Licenses (Free)	8
Pet Shops Licensed-\$10. each	4
Kennel Licenses-\$10. each	2
Dogs Redeemed by Owners	199

The City pays the State 25¢ out of each license fee and the State provides free rabies vaccine. The City offers free rabies vaccination for each licensed dog, and pays the veterinarians a special low fee of \$1.00 for each vaccination. Only by popularizing the annual vaccination of dogs, can we feel confident that our present freedom from rabies will continue. It is now 14 years since rabies occurred here but in 1946 we had 34 rabid dogs, and 21 persons underwent Pasteur Treatment. The compulsory leashing of dogs (all year) was started at that time. Under the free vaccination arrangement, 2,724 Newark dogs were vaccinated this year.

The ambulances during the year picked up 1,708 unleashed dogs and also picked up 1,698 stray cats. Owners of dogs picked up may redeem them from the Shelter upon payment of a small fee to the City. The City Sanitation Department trucks pick up dead animals at the Shelter or on the street. Dogs are destroyed if not redeemed in a reasonable time. Those trucks picked up 9,676 dead cats and 7,627 dead dogs during the year.

David E. Morgan, Supervising Chief Inspector
Michael J. Carson, Chief Inspector

Food and Drug Bureau

The Food and Drug Bureau inspects and supervises all places where food, drugs and cosmetics are prepared, handled, stored, transported or sold. In carrying out this program, it is the responsibility of this Bureau to ascertain that all such articles in all phases of their handling comply with all Federal, State laws and regulations and all local ordinances.

There are fifteen (15) inspectors assigned to city districts covering this Food and Drug Control Program. Their duties include the inspection of all food, drug and cosmetic operations. Not only are such establishments inspected regularly but a continuous sampling of various types of food and drugs for laboratory analysis is carried on to determine compliance with all the requirements and to determine evidence of adulteration or misbranding. Any such material found to be adulterated or unfit is condemned and destroyed.

During the past year, various food and drugs, of course, were found unfit and were condemned. These inspectors also carry on a daily collection of swabs taken from different types of eating and drinking places to determine the efficiency with which the utensils are being cleaned and sanitized.

A very large part of our Food and Drug Program includes the inspectional work covering the quality of the milk and milk products supplied to this city. This program includes the periodic inspection of all sources of supplies and the dairies supplying same with milk throughout the entire milk shed which includes both in-state and out-of-state supplies.

During the past year, we have continued our exchange program covering our milk supply with the New Jersey State Department of Health; the Paterson, New Jersey Health Department and the Englewood, New Jersey Department of Health. The advantage in this exchange is that it eliminates duplication of inspection, is time-saving and more economical.

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1912

1911

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1930

Our Milk Control Program also includes the daily taking of sample specimens of different dairy products for both bacteriological and chemical analyses. There are six (6) inspectors assigned exclusively to the country milk inspection program.

In carrying out our Bureau program, we work in close co-operation with the U.S. Food and Drug Administration, the New Jersey State Department of Health and any other local health departments in this area.

During the coming year, we expect to continue our complete Food and Drug Program and include also any new phase of the control work as the occasion may require.

<u>Inspectors Report</u>	<u>Inspected</u>	<u>Reinspected</u>	<u>Total</u>	<u>Excluded</u>
Pasteurizing Plants	186	3	189	0
Receiving Plants	319	3	322	0
Dairies	8,433	644	9,077	120
Ice Cream Plants & Counter Freezers	43	22	70	1
Totals	8,986	672	9,658	121

<u>DAIRY PRODUCTS SAMPLING</u>	<u>Bacteriological</u>	<u>Chemical</u>	<u>Total</u>
Milk & Cream Samples	2,353	1,990	4,343
Ice Cream, Other Frozen Conf.	188	188	376

CITY INSPECTIONS (Total City Inspections - 15,292)
Where Food is prepared or cooked

	<u>Places Inspections</u>		<u>Other Food Establishments</u>	
	<u>Places</u>	<u>Inspections</u>	<u>Places</u>	<u>Inspect.</u>
Restaurants, Lunchrooms	947	4,856	Confectionaries	298 608
" in taverns	489	1,587	Misc. Plants, Etc.	366 447
" Confec.	141	311	Taverns	425 2,396
" Delicat.	16	31	Groceries	1,304 2,602
" Drug Stores	10	77	Produce	216 262
Bakeries	128	590	Drug Stores	140 373

Complaints investigated	920
Notices served	3,376
Embargo notices served	61
Suspected Food Poison investigations	10
Hearings	36
Court Action	174
Utensil swab samples	1,666
Dipper water samples	118
Misc. samples taken	97

MILK LICENSES

Stores	1,404
Vending Machines	99
Dealers	363
Milk Depots	9

VETERINARY MEAT INSPECTION BUREAU

JOHN J. DEVINE, V.M.D.
Chief Veterinarian

JOSEPH H. BEARL
Supervising Chief Meat Insp.

This Bureau is responsible for the inspection of meat and meat products, poultry and fish, as to wholesomeness and fitness for food. We inspect abattoirs, meat processing and poultry slaughterhouses, and wholesale and retail plant outlets and stores. We also inspect the commissaries of restaurants, lunch rooms, meat and fish trucks and loading platforms for poultry, and meat freight cars. It inspects all deliveries of meat, fish and poultry to all City institutions. This Bureau also conducts the lectures given at the foodhandler school, a series one (1) hour daily, four (4) days per week, mornings (10:00 to 11:00 AM) afternoons (3:00 to 4:00 PM) to all food service workers making application for a foodhandler's certificate. This work is carried out by a staff of trained meat inspectors and veterinarians with State licenses.

The City of Newark, N. J. Meat Inspection Service is identified with some forty-five meat processing establishments licensed by this Bureau.

A Newark meat inspection legend with identifying number is stamped on all products processed in these establishments, where the products are checked for control of temperature, formula compliance, adulteration of meat, and the comminuting, mixing, drying, curing, smoking and cooking of products.

FOLLOWING ARE WORK STATISTICS for 1960Inspections & Reinspections (8,750)

Abattoirs	136	Wholesale Live Poultry ..	811
Wholesale Meat & Dressed		Truckloads of Poultry ...	612
Poultry	1,710	Wholesale Fish	98
Loading Platform	175	Provision Mfg. Plants	1,289
Commissaries	265	Retail Establishments ...	5,460
Refrigeration Plants	100	City Institutions&IceBoxes	480

TOTAL 8,750

Condemnations 76,516 lbs. of poultry, meat and fish products.

Approved over 500,000 lbs. meat, poultry and seafood in our City Institution inspections.

Samples for analysis	267	<u>License Fees (\$5,900.00)</u>	
Complaints investigated	89	Poultry Slaughterhouse	\$ 620.00
Notices served	661	Meat Jobbers	1,400.00
Abatements	573	Meat Plants	3,850.00
Court Cases (fines \$4,885.00) ..	65	Live Poultry	30.00

TOTAL \$5,900.00

Joseph W. Gardam, M. D., Physician-in-Charge
William S. Jennings, Supervising Chief Inspector

MORBIDITY REPORT: The annual morbidity report indicates that we are running particularly close to the established normal. The norm is a figure based on eleven years experience and gives us the most accurate probable incidence. The most notable exceptions are in polio where 5 cases occurred against the expected 34 for the year, probably the result of our intensive immunization campaign. In whooping cough 22 cases occurred against a norm of 218, and here again the continued immunization program has borne fruit.

The usual epidemiological studies by the personnel of this division, the many visits necessitated by our immunization campaign against polio, whooping cough, diphtheria, tetanus, smallpox, etc., has continued with unflagging interest. Many other investigations, complaints, Scho discharges, and the follow-up to see that active treatment is pursued, form part of the activities of this bureau.

INFECTIOUS HEPATITIS which became reportable in 1953 has shown a remarkable up-and-down course since then, and this year gives us 39 cases against an expected norm of 22. It is well to remember that this type prevalent in our area, is not that which followed hypodermic infection as in South Jersey. In hepatitis, accurate and careful epidemiological studies are of tremendous import in clarifying the type of disease, establishing the course, and in helping prevent further cases.

MORBIDITY REPORT - 1950-1960

DISEASE	1950	1951	1952	1953	1954	1955	1956	1957	1958	1959	1960	11 YR NORM
Diphtheria	1	0	1	0	0	0	0	0	0	0	0	0
Scar.Fever	112	135	206	204	142	89	216	449	349	346	195	204
Typh.Fever	2	0	4	1	1	2	0	2	0	0	0	1
Para Typhoid	0	0	0	1	0	0	11	3	0	0	0	0
Tuberculosis	526	513	480	529	511	490	401	399	402	367	343	480
Undulant Fev.	3	1	0	0	0	0	1	0	1	1	0	0
Trichinosis	0	1	2	0	0	0	2	3	1	2	0	1
Lobar Pneum.	423	351	268	188	171	102	145	193	152	151	229	188
Broncho Pneum.	593	489	542	451	322	374	588	775	677	607	525	542
Epidemic Mening.	9	11	10	18	8	12	8	14	14	7	13	11
Infantile Par.	49	22	29	34	49	62	9	7	54	10	5	29
Whooping Cough	761	296	218	258	237	169	84	110	25	75	22	169
Measles	2370	3536	11090	262	3434	8833	1379	6488	2188	5332	2583	3434
Erysipelas	25	9	27	11	6	5	3	6	11	4	4	6
Vinc.Ang.	455	631	275	65	120	76	65	24	7	7	11	65
Ophth.Neonat.	5	5	2	2	3	9	10	2	4	3	5	4
Puerp.Fev.	0	0	0	0	0	0	0	0	0	0	0	0
Dysentery(Amb.)	0	1	0	0	0	0	0	0	0	0	0	0
Tetanus	0	2	1	0	1	0	0	1	1	0	1	1
Influenza	53	66	35	59	30	20	15	226	34	24	27	30
Malaria	4	0	3	3	1	0	0	0	0	0	0	0
Virus Pneum.	76	60	25	30	29	29	34	47	114	69	106	47
Strept.Throat	6	2	6	0	4	1	3	4	10	9	8	4
Epilepsy	15	34	31	28	28	54	78	57	71	58	52	52
Inf. Hepatitis	Not reportable			9	56	22	52	29	21	29	39	29

Inspectors' Home visits - Quarantine & Isolation	2881
Sobo Discharges	126
Wrong addresses	132
Complaints investigated	131
Immunisation Investigations (DPT)	10701
Reinspections	224
Polio Survey - visiting homes	10656
Supplies delivered (Drs.' cards, Salk, etc.)	79
Water samples from swimming pools (July-Dec.)	532
TOTAL VISITS.....	25452

Whooping Cough Injections				Diphtheria Injections			Tetanus (comb. with Diph & Wh. Cough)		
Year	Priv Dr.	Health Clinic	TOTAL	Priv Dr.	Health Clinic	TOTAL	Priv Dr.	Health Clinic	TOTAL
1955	4179	3654	7833	4179	3654	7833	4011	3654	7665
1956	3877	4112	7989	3879	4112	7991	3756	4112	7868
1957	2022	3644	5666	2022	3644	5666	3644	1902	5545
1958	1670	4756	6426	1670	4756	6426	1589	4756	6345
1959	1418	4694	6112	1418	4694	6112	1391	4694	6085
1960	1179	6928	8107	1179	6928	8107	1179	6928	8107

CULTURE STATIONS: Stations are maintained throughout the city for convenience of physicians, where specimens are deposited for collection each day by a Culture Collector for prompt laboratory examination and reports to the doctors. Water samples are taken by our Inspectors for bacteriological and chemical analysis from indoor and outdoor swimming pools and delivered to the Division of Health Laboratory.

	Vinc.Ang.	Cultures	Sputum Jars	Wassermans	Neisser	TOTAL	Sta. Vis.
Collected:	100	15	362	14,076	2,132	16,685	
Delivered:	152	56	640	11,082	1,445	13,375	5,681

POLIOMYELITIS: The immunization program throughout this year has continued as intensely as in prior years. The number of injections in six years has totaled 333,791 as is shown in the attached table. Our efforts are being continued, particularly in the under 5 year old group, because 4 of the 5 cases occurring this year have been in this low age group, consequently, our interest must be devoted here. The requirement for entering school that proof must be shown that immunizations for polio, diphtheria, whooping cough, tetanus, and vaccination have been started, helps us considerably in not missing any children of the school age group. This same requirement aids us in picking up new residents in our city. No let-up in the older age group (19 to 45) is contemplated as we are still meeting with various organizations helping to protect this group.

The attached table shows the number that have been treated through the various clinics, schools, etc., this past year, and to this group must be added the number that have been done by the private physicians of which we have no accurate figure. We are proud of the cooperation of all of the facilities used in the immunization program. It is our aim to continue with unrelenting vigor our program, so that we can wipe out polio as we have done with diphtheria in the past.

AGE OF PATIENTS:

Under 1 yr.	1 yr	16mo	2	3	4	5	6	7	8	9	10	11	13	14	15	16	18
3	3	1	14	12	27	11	17	7	3	7	6	2	3	2	4	1	2
21	22	23	24	25	26	28	29	30	32	40	45	51	TOTAL				
1	2	1	3	3	2	1	2	3	1	1	1	1	147				

Number of cases	147
Number of deaths	6
Male	79
Female	68
White	84
Colored	63
Rec. Salk vaccine	19
Post paralysis	113

TYPE OF PARALYSIS:

<u>Non-paralytic</u>	<u>Spinal</u>	<u>Bulbar</u>	<u>Fixed Type</u>
34	90	16	7

DEATHS:

Year	Cases	Deaths	4 years old -	Mixed type -	No Salk vac.
1955	62	3	30	"	Spinal " " "
1956	9	0	4	"	Spinal " " "
1957	7	0	7	"	Bulbar " " "
1958	54	2	29	"	Bulbar " " "
1959	10	1	45	"	Bulbar " " "
1960	5	0			
	147	6			

RECEIVED SALK VACCINE:

<u>1 Dose</u>			<u>Time between Salk Injections and onset</u>	
7/1956	Onset:	8/1956	Non-paralytic	1 month
<u>2 Doses</u>				
6/1955	7/1955	" 5/1955	Non-paralytic	2 months
1/1956	2/1956	" 6/1956	" "	4 "
4/1957	6/1957	" 9/1957	" "	3 "
7/1957	8/1958	" 8/1958	Post-paralysis	1 "
6/1958	7/1958	" 9/1958	" "	2 "
5/1958	6/1958	" 9/1958	Non-paralytic	3 "
6/1958	7/1958	" 5/1959	" "	10 "
11/1958	6/1959	" 8/1959	Post-paralysis	7 "
3/1959	4/1959	" 9/1959	" "	5 "
10/1958	11/1958	" 9/1959	" "	10 "

<u>3 doses</u>				Time between Salk Injections and Onset	
					<u>11 months</u>
10/1955	11/1955	6/1956	Onset: 5/1957	Post-paralysis	
11/1955	6/1956	3/1957	" 12/1957	" "	9 "
9/1956	10/1956	5/1957	" 8/1958	Non-paralytic	3 "
11/1955	5/1956	6/1957	" 8/1958	Post paralysis	19 "
11/1955	6/1956	3/1957	" 8/1958	Non-paralytic	17 "
9/1956	10/1956	9/1957	" 8/1958	Non-paralytic	11 "
1/1956	5/1956	4/1957	" 9/1958	Post-paralysis	17 "
11/1955	1/1957	6/1958	" 11/1958	Non-paralytic	5 "

<u>1 Dose</u>		<u>2 Doses</u>		<u>3 Doses</u>		<u>Total</u>
Non-paralytic	1	Non-paralytic	5	Non-paralytic	4	Non-paralytic 10
Post-paralysis	0	Post-paralysis	5	Post-paralysis	4	Post-paralysis 9

RECAPITULATION - SALK VACCINE INJECTIONS - CITY OF NEWARK 1955-1960

Recap. I.

	<u>1st</u>	<u>2nd</u>	<u>3rd</u>	<u>4th</u>	<u>TOTAL</u>
Public Schools	49,534	49,268	40,658	30,679	170,139
Parochial Schools	15,373	14,270	12,993	12,147	54,783
Baby K.W. Stations	24,768	22,297	16,525	71	63,661
Health Dept. Clinic	8,874	4,126	1,975	350	15,325
Miscellaneous	2,923	2,534	1,625	180	7,262
Adults	<u>6,957</u>	<u>7,087</u>	<u>6,543</u>	<u>2,034</u>	<u>22,621</u>
	108,429	99,582	80,319	45,461	333,791

Recap. II.

	<u>1955</u>	<u>1956</u>	<u>1957</u>	<u>1958</u>	<u>1959</u>	<u>1960</u>	<u>TOTAL</u>
Public Schools	23,202	27,649	31,564	19,682	44,476	23,566	170,139
Parochial Schools	6,864	14,126	10,605	4,792	13,973	4,423	54,783
Baby K.W. Stations	625	6,850	8,201	13,305	17,902	16,778	63,661
Health Dept. Clinic	-	778	1,731	1,819	5,352	5,645	15,325
Miscellaneous	-	1,166	4,645	1,160	75	216	7,262
Adults	<u>-</u>	<u>-</u>	<u>6,384</u>	<u>9,470</u>	<u>4,611</u>	<u>2,156</u>	<u>22,621</u>
	30,691	50,569	63,130	50,228	86,389	52,784	333,791

CITY DISPENSARY: MICHAEL FRATANUNO, M.D. - MEDICAL RECEIVING OFFICER
Sara Welsh, R.N. - Supv. Nurse

The Dispensary provides clinic treatment for medically indigent and those on relief. Some medical care is also provided by doctor calls - paid by Relief Department for relief cases and Health Division for medically indigent. Patient is given choice of physician. Clinic treatments in this report do not include those of Tuberculosis, Dental and Venereal Treatments reported elsewhere in this report.

The Dispensary provides physicians and nurses for the physical examination of all new City employees and Welfare cases.

Free treatments numbered 52,546 for 26,399 individual patients. Approximately 30% of all patients are on relief.

CLINIC TREATMENTS

	1959	1960		1959	1960
Allergy	3,315	2,501	Flood Tests	4,038	3,530
Chiropody	1,215	1,248	Diphtheria Immunization	3,785	2,260
Eye	1,215	787	Misc. Immunization	1,739	2,284
Gastro-Intestinal	1,100	924	Insulin & Other inject.	1,884	1,388
Medical	11,959	10,780	Polio Immunization	5,123	5,615
Metabolic	2,388	2,013	Chick Tests	62	858
Nervous Diseases	2,250	1,361	Vaccinations	2,952	3,733
Neuropsychiatric	588	348			
Orthopedic	1,431	1,238	X-ray Chest 1x5 NCD	1,302	3,715
Pediatric	4,798	3,519	X-ray Chest 11x17 NCD	1,456	1,128
Rectal	521	420	X-ray dental films	13,663	12,096
Skin	4,977	5,097	Misc. x-ray body work	3,363	3,602
Surgical	3,083	2,386			
Varicose Veins	166	105	Total X-ray NCD	22,781	20,541
			1959	1960	
Free treatments		58,222		52,513	
Individual patients		30,972		26,399	
Total free prescriptions		85,788		76,388	
Doctors Home Calls		5,532		4,056	
V.V.A. Home Calls		3,234		632	

One of the reasons for the decrease in the number of Free Treatments, Individual patients and Home Calls made by doctors is due to Essex County Welfare Board assuming the financial care of the chronically ill and children under the State Board of Child Welfare.

A small staff of social workers check on ability to pay. Spot check visits are made especially on doctors home calls which are investigated and billed if not eligible. No future home calls or clinic treatments are

given inelible. Workers made 3,112 home calls and all patients were interviewed at clinics. During the year, there were 1,741 rejections.

Home visits are made by a Dispenser nurse for follow-up in advising patients to report to Martland Medical Center or admission when abnormally high blood sugar reports are received from the laboratory. Home visits numbered 65. The nurses also aided in 20 day and evening adult clinics for Salk vaccinations in churches and schools. They gave 6 hours to the Red Cross Blood Bank.

HOME CARE OF MEDICALLY INELIGIBLE PATIENTS: Doctors made 1,056 home calls (\$4.00 for day calls and \$6.00 for night calls after 8 p.m.). Home visits or medically indigent made by the Visiting Nurse Association are also paid for by us at \$4.25 per visit. Health Division paid for 2,122 medically indigent patients and the Relief Department paid for 1,444 relief patients. There were 976 refusals.

Free prescriptions for clinic and home visited patients numbered 76,308. Pharmacy also distributes all free immunization and testing vaccine sera, etc. Marked increase in immunization, vaccinations, sickle tests and Salk vaccine injections given to pre-school children, which is a necessary requirement, before entering school.

Free Salk vaccine injections are offered to all individuals under 20 years and to all pregnant women.

Two thousand letters from official and unofficial agencies are received yearly requesting patients' medical histories.

DOMESTIC CLINIC: (Dr. William L. Rumspe, Physician in Charge) During the year 2,207 domestics were examined and secured health cards, including 13 who were examined by their own physician. Temporary cards were issued, including Tuberculosis (16) and Vincent's Angina (37). There were 76 rejected for venereal disease. All of these were either cured quickly in the case of Vincent's Angina or non-infectious in the case of Tuberculosis or syphilis. During the year 21 taxi-drivers and 127 foster parents were examined, such examination is required by state law. Most such individuals secure their examination and physical approval by private physicians.

*Examined by private physicians

1959
29

1960
13

Dr. J.E.H. Guthrie, Dentist-in-Charge

Although the Dental Clinics were always considered a part of the Dispensary, the work has gradually changed from a purely curative clinic, mostly for adults, to a preventative type of health activity to insure better teeth in adult life. The work has been expanded since 1951 so that now we have one large central clinic with 5 chairs, 3 hours daily) 3 days for children and 2 days for adults, and ten neighborhood clinics for care of children's teeth. They are located in schools, housing projects and boys' clubs, but serve all the children in both public and parochial schools where parents cannot afford to pay.

The past year again demonstrated the need for expanded dental service to take care of the backlog of dental cases particularly among pre-school age children. Several Dental Hygienists have augmented our personnel in this work.

Plans have been formulated for greater inter-institutional liason in reference to medical, dental and oral surgical care of cases by utilizing our assigned dental specialists of Endodontics, Oral Surgery and Orthodontics at Martland Medical Center.

The preventive Orthodontic service rendered 695 treatments to 153 children. The endodontic service gave 325 treatments to 47 different children. Our X-Ray service processed 12,096 dental films.

Total Treatments -	Adults -	3,437
	Children -	<u>26,357</u>

Total	-	29,794
-------	---	--------

Different Patients-	Adults -	1,695
	Children -	<u>3,339</u>

Total	-	5,034
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Dental service to adults is limited to emergency care in order to give greater services to more children where the backlog is growing. Initial dental completion and incremental maintenance care and Dental Health Education are the basic concepts of the Dental Public Health Program.

NEW LOW DEATH RATE - 9.9 per CM

There was a remarkable drop in the death rate from Tuberculosis in 1960 with 40 deaths as compared with 52 for each of the two previous years. The decline in mortality was the result of intensive control procedures, with increased application of modern chemotherapy. Closer follow-up with concentration on our high incidence areas and strict supervision with commitments of un-cooperative patients have been factors in the new low rate. In 1960 there were no deaths from tuberculosis under age of twenty-four years as compared with three under age of ten in 1959. This was brought about by careful control of tuberculosis contacts.

Ideal factors in a control program are to have a dropping mortality rate with an increased morbidity rate as was demonstrated during 1960. Discovery of increasing numbers of new cases results from intensive efforts to locate them. Morbidity in 1960 was increased to 84.7% from the previous year when the rate was 82.1%.

Control of tuberculosis over the years has depended on early diagnosis, isolation and treatment of the active case to prevent spread of infection. The major problem is now among males over forty-five years of age. A great percentage of these are derelicts and alcoholics. This group represents the increasing number of tuberculosis cases which are reported only after death. Increased efforts through repeated x-ray screening and tuberculin testing will be made to salvage these cases.

Repeated tuberculin testing of exposed children and subsequent early prophylactic treatment of recent positive converters has resulted in a marked decrease in the number of active cases. Our general trend is to rely more on the inexpensive tuberculin test (which can be done in the home by our Nurses) than on costly x-ray films. The Heaf Tuberculin Test with its greater accuracy and sensitivity is now being employed as well as the Vollmer Tuberculin Test.

Prenatal cases are now being encouraged to have a Tuberculin Test instead of the former routine chest x-ray. This has resulted in decreased radiation exposure with considerable saving of film.

During 1960 clinical examinations in the pulmonary division were 12,262, including all forms of pulmonary pathology. Active cases of tuberculosis were placed on immediate chemotherapy while awaiting sanatorium admission. All contacts are closely followed. All suspicious neoplastic lesions were referred for hospital work-up.

CARDIAC DISEASE

In 1960, 5,926 examinations were performed in our Cardiac Clinic. There were 987 electrocardiograms taken and 1,338 mercurhydrin injections given. A classification of the cardiac cases follows:

Hypertensive-----	794	Hyperthyroid-----	4
Arteriosclerotic-----	273	Undiagnosed Manifestation-----	3
Rheumatic-----	66	Anemia-----	1
Coronary-----	40	Lupus-----	1
Cor Pulmonale-----	38	Sickle Cell Anemia-----	1
Unknown-----	35	Wolff-Parkinson White Syndrome-----	1
Syphilitic-----	29	Pericarditis-----	1
Congenital-----	6	Traumatic-----	1
No Heart Disease-----		340	

NURSING ACTIVITIES

Nurses are invaluable in a tuberculosis case finding program. The home visit enables them to become acquainted with the patient and family; to educate and instruct in the prevention of spreading the disease; teaching precautions, diet and good hygiene. They assist in socio-economic problems and rehabilitation. Particular stress is placed on the finding of new cases and the supervision of all contacts by tuberculin testing and x-ray examinations. Patch testing is performed in the home when necessary and streptomycin administered at the request of private physicians. In co-operation with the Industrial Hygiene Bureau, follow-up is performed on all suspicious x-ray findings found in surveys. In 1960 there were 32,783 home visits made.

DIVISIONAL WORK TOTALS

Cases and Contacts under supervision-----	6,882
Visits: Patients 25,153; Contact 17,530-----	32,793
Clinic Examinations - Tuberculosis, Adults and Children-----	12,262
Clinic Examinations - Cardiac-----	5,926
X-rays (4x5-6,148) (14x17-4,563)-----	10,711
Streptomycin Injections (clinic)-----	3,954
Sputum Examinations-----	2,448
Patch Tests (clinic)-----	2,177
Fluoroscopic Examinations-----	1,648
Mercuryhydri Injections (clinic)-----	1,338
Electrocardiograms-----	987
Patch Tests (homes)-----	810
Streptomycin Injections (homes)-----	279
Patients sent to hospital-----	63
Bicillin Injections-----	52
Mercuryhydri Injections (homes)-----	3

SANATORIA EXAMINATIONS

Verona - Essex County Sanatorium-----	244
Glen Gardner - State Sanatorium Clinic-----	8

TUBERCULOSIS MORTALITY AND MORBIDITY RATE (ALL FORMS)

<u>YEAR</u>	<u>POPULATION</u>	<u>NO. DEATHS</u>	<u>CASES REPORTED</u>	<u>MORTALITY</u>	<u>MORBIDITY</u>
1915	375,000	808	2146	215.5	572.2
1920	417,654	540	1790	130.4	428.1
1925	453,000	378	872	83.4	192.5
1930	446,000	445	1000	101.1	227.3
1935	455,000	316	654	69.5	143.7
1940	429,000	309	586	71.9	136.6
1945	443,000	247	495	55.8	111.7
1950	443,000	209	526	47.2	117.2
1955	443,000	68	490	15.3	110.6
1956	443,000	72	401	16.3	90.5
1957	447,000	72	399	16.1	89.3
1958	447,000	52	402	11.6	89.9
1959	447,000	52	367	11.6	82.1
1960	405,000	40	343	9.9	84.7

DEATHS (Lapse of time after report case)

38

No. Cases reported, prior to death - within 1 year-----	7-----	17½%
1 to 2 years-----	2-----	5
3 to 4 years-----	4-----	10
4 and over-----	12-----	30
	25-----	62½%
No. Cases reported after death-----	15-----	37½%

DEATHS BY AGE GROUP 1954 - 1960 (7 year total)

Under 1 year-----	22	45 to 54 years-----	100
1 to 19 years-----	35	55 to 64 years-----	99
20 to 24 years-----	11	65 to 74 years-----	87
25 to 44 years-----	291	75 and over-----	22

Bureau of Child Hygiene

**Dr. Ralph N. Shapiro, Act. Phys.-in-Chge.
Edith D'Amato, R.N., B.Sc., Super. Nurse.

In 1960 there was a slight decrease in the infant mortality rate in Newark. The rate per 1,000 births was 33.8 as compared to 35.9 in 1959. There was, moreover, a decrease in infant mortality rates at all ages except in the rate over one month but under one year, which was 11.2 in 1960 as against 9.5 in 1959. The rate for infants under one day was 10.2 in 1960 and 12.0 in 1959; the rate for infants over one day but under one week was 9.9 in 1960 and 10.8 in 1959; the rate under one week was 20.1 in 1960 and 22.8 in 1959; the rate over one week but under one month was 2.5 in 1960 and 3.5 in 1959; the rate under one month was 22.6 in 1960 and 26.4 in 1959. One of the factors causing the lowered infant mortality rate was the decrease in the staphylococcus infections of the newborn in hospitals. Another was the concentrated care given premature infants born at Martland Medical Center by the Premature Center at Babies' Hospital, since a large proportion of all premature infants born in the City are delivered at Martland Medical Center.

The colored infant mortality rate, too, showed a decrease in 1960, when it was 48.0 in contrast to 51.3 in 1959. The colored neo-natal rate or deaths under one month per 1,000 births was 30.2 for 1960, a decrease of 6.7 over 1959, when it was 36.9.

The maternal mortality rate dropped in 1960 to .4 per 1,000 deliveries. In 1959 this rate was .7.

The diarrheal deaths under one year increased from 14 in 1959 to 36 in 1960. In order to determine the reasons for this increase, these deaths will have to be investigated.

13,360 babies were born in Newark in 1960, of which 4,411 were non-residents. 1,195 of the total births were illegitimate or 8.9%. 98.6% of the babies born in 1960 were delivered in hospitals. Of the 193 infants delivered at home the Metropolitan State Health District reported to our Bureau for investigation 32 unattended births.

122 cases of poisoning in children were referred to our Bureau in 1960 by the Poison Control Center at Babies' Hospital. Our nurses investigated these cases and the reports of their findings were sent to the Poison Control Center.

165 premature infants born at Martland Medical Center attended the Premature Center at Babies' Hospital, making a total of 1,156 visits. Our Bureau continued its cooperation with the Babies' Hospital in this area.

On October 20, 1960 the Babies' Hospital started a Special Immunization Project immunizing, free of charge, a limited number of infants - some with Diphtheria-Pertussis-Tetanus and Salk Vaccine and some with Quadruple Vaccine. The nurses of our Bureau referred the babies to the Hospital for this immunization and cooperated actively in this Project. As this Project will continue in 1961, the Bureau's cooperation will be maintained.

During 1960 the services of the Bureau in health education and supervision through home visits by our Public Health Nurses was extended to babies from birth to six years on a priority basis in specific categories: namely, all first-born infants; multipara infants - where the first-born is deceased, prematures, illegitimate infants of mothers under 18 years of age, babies with chronic disability result-

ing from mental retardation, convulsive disorder, lead poisoning, etc.; all children referred by agencies or interested individuals; all children in boarding homes licensed by the Division of Health. 8 districts of the City were placed on this priority during the Year and the remaining districts will be finished in the coming Year. Due to this change in policy of visiting, plus the reduced number of nurses in the Bureau, the total home visits made by the nurses of the Bureau was less in 1960 than in 1959.

88 boarding homes were studied during 1960 for initial licensing and renewing of licenses. Of this number 3 new homes were licensed, 35 licenses were renewed, 11 homes were rejected, 24 applications were withdrawn, and 15 licenses were not renewed. 6 boarding homes were terminated, because they were found to be in conflict with the amended City Zoning Ordinance which prohibits board and care of children in first and second residential areas. 8 new applications were not approved for the same reason.

Because of the need for community action on the problems of unmet needs in day-care in Newark, the Newark Council of Social Agencies, of which the Division of Health is a member, established a Working Committee to evaluate and to make specific recommendations in this field.

The major activity of the Social Worker for the Year was concerned with boarding homes and the problems in the Boarding Home Program because of the Zoning Ordinance. The inspection and supervision of day nurseries, nursery schools, and child-care centers, in cooperation with the State Department of Education, was another important phase of her work. Consultant and advisory services were given to individuals who sought information on the opening and operation of nursery schools and day-care centers. (A new nursery was opened for the group-care of 30 children in the Clinton Hill District.) In addition, case-work service was given on family situations affecting the emotional and physical health and welfare of mothers and children in families referred by the nurses of the Bureau. As a special assignment an evaluative study was prepared of social problems referred by Public Health Nurses in the parochial schools. The findings were used as a basis for establishing the need for the initiation of social work help in the parochial schools for school-age children and their families. Continued cooperation was given to child-placing, family, and mental health agencies in the community, and conferences and meetings in the maternal and child health field were attended.

** Dr. Shapiro is supervising the Bureau during the sick leave of Dr. Julius Levy.

Michael J. Fratantuno, M.D., Med. Rec. Officer
Mary J. Hoban, R.N., B.S., M.A., Nursing Super.

The Health Division provides Medical Inspection, Health Service, and Health education for approximately 16,500 elementary and secondary school children who attend the thirty-one (31) local Parochial Schools.

The objective of the school health program is positive health for all school children. This includes meeting the child's physical, mental, emotional, spiritual and social needs. This objective is accomplished through the cooperation of the family physician, the school staff physicians, the clergy, parents, nurses and school personnel, and by using the services offered by the social agencies in the community.

Cumulative health records are kept on all school children. All children are required to be vaccinated against Smallpox; immunized against Diphtheria and Poliomyelitis.

Many health problems have been found through medical examinations. The parents of these children are contacted by the nurse through arrangement of a home visit or an office conference to discuss the importance of having defects corrected or remedied.

Parent-nurse conferences are helpful in setting up a better relationship with families for the purpose of explaining the need for having remedial defects corrected or remedied. Many problems have been solved through this means.

A Home Nursing Instruction Program is conducted in some of the high schools for senior high school girls. These students receive health credit for this Course, which is applied to their scholastic record. Lectures on Health Education are given in the secondary schools by the nurses, on request of the school principals.

In the elementary grades, short classroom talks are given by the nurses on various aspects of health. Many of the nurses are active in parent-teacher associations, and they are often requested to speak on various aspects of health at the meetings.

Children in kindergarten, first, fourth, eighth and high school pupils are Tuberculosis patch tested each year. One-hundred-four (104) children were found to have positive reactions. All of those positive reactors were referred to their own physicians or clinics.

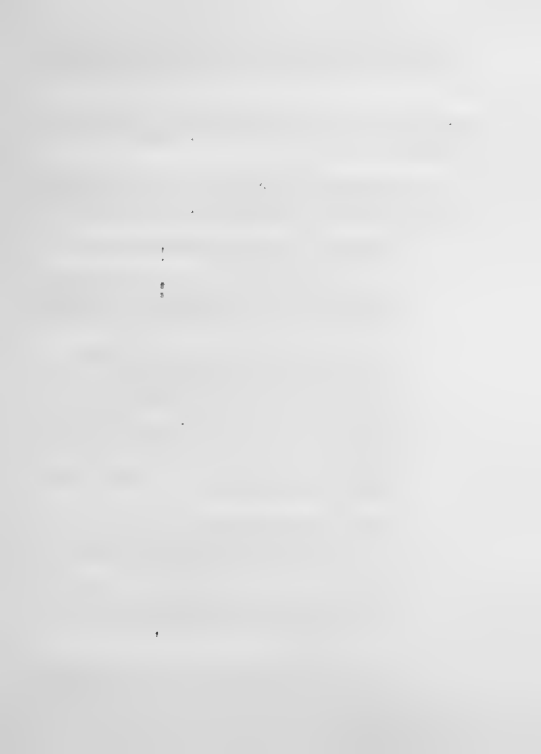
In recent years there seems to be an increase in a greater awareness of emotionally disturbed children in our schools. This is a rather challenging problem. In order to solve such behavior problems, it is necessary for the school administration, teachers, parents, nurses and the children, to work together toward a solution. In many instances, the professional help of psychiatrists, psychologists and social workers, is needed to resolve the problems.

Several children who were found with emotional problems in the Parochial Schools, have been referred to the newly organized Catholic Guidance Center at 47 Central Avenue. Children attending other Parochial Schools not eligible for the Catholic Center who need such care, are referred to Essex Guidance Center.

One Hundred-fifty-five (155) children from the Parochial Schools were given eye examinations at the Division of Health Clinic. Glasses were prescribed for seventy-six (76) children.

One of the most significant, progressive efforts made in 1960, was the assignment of a physician as the Medical Director of the Parochial School Bureau. Under his guidance and direction, several necessary advances have been made.

1. The School Nurse's Procedure Manual has been completely revised as of September 1960.
2. The Parochial School authorities and the Health Department officials have agreed to require Smallpox vaccinations, immunization against Diphtheria, and injections of Poliomyelitis vaccine. The above procedures are now mandatory for all new children enrolling in the Parochial Schools.
3. Accident forms are made out for all children who suffer accidents on the school grounds during the regular school hours. The result of these reports will determine the type of safety program which the school authorities may be requested to follow to help reduce the number of accidents.
4. A new type of emergency Home Contact card has been put into use. The information contained therein will enable the nurse and the school authorities to contact parents either at home, or their place of employment, without undue loss of time. This card also gives the name of the physician to be called, or hospital, if the child should require emergency medical care.
5. Classroom teachers have been provided with Observation Charts which outline unusual symptoms of illness or behavior of the children. The information contained therein may be discussed during the Teacher-Nurse Conference, so that corrective measures may be taken if needed.
6. Some basic studies have been initiated to determine the need for a social service worker in the Parochial School system. The need for such a worker is obvious due to the number of social problems which have been found by the school nurses.
7. Due to previous conferences with the Medical Directors of the Chest Bureau and the school, and the nursing supervisory personnel, a new type of referral inter-departmental form will be used for follow-up on positive Tuberculosis patch tests. These forms will be used for referral to the family physician and the Chest Bureau.



	<u>Defects Found</u>	<u>Defects Corrected or Remedied</u>
Dental	3,972	5,608*
Vision	2,162	1,612
Skin	533	620*
Nose and Throat	463	363
Cardiac	109	129*
Pediculosis	321	258
Nutrition	461	163
Personal Hygiene	302	340*
Ear - Hearing	188	95
Orthopedic - Posture	106	49
Other illnesses and conditions, such as Defective Speech, Emotional disorders, etc.	2,003	824

*Denotes defects previously found which were corrected or remedied.

Summary of School Health Activities

Growth Survey, including height-weight, screening of vision, hearing, inspection of teeth, skin, posture, personal hygiene, etc. (nurse health appraisals)	15,712
Examinations and Treatments by private and clinic physicians (referrals by nurses for follow-up on health problems)	4,832
Examinations by physicians in school	9,170
Examinations and treatment by private dentists	3,081
Examinations and treatment by clinic dentists	3,038
Number of children inspected in the classrooms by the nurses	42,203
Classroom talks on health problems given by nurses	1,903
Home visits and telephone calls to parents and others	10,461
School exclusions	3,648
Number of children given first aid by nurses	16,095
Number of Home Nursing classes given in secondary schools (about 20 girls to each senior class)	214

Total number of office conferences by the nurses with principals, teachers, parents, children and others	43,664
Audiometric screening tests	5,185
Hearing defects found	192
Massachusetts Vision Screening Tests done by 3 optometrists	3,803
Vision defects found	690
Vaccinations, Immunizations, and Testing	
Smallpox Vaccinations	86
Initial Diphtheria-Whooping Cough and Tetanus Injections	183
Diphtheria Combined Boosters	1,661
Schick Tests	172
Positive Schick Tests	44
Salk Poliomyelitis Vaccine Injections	5,251
Tuberculosis Vollmer Patch Tests	3,580
Positive Tuberculosis Patch Tests	104

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As will be manifest from this statistical report, Newark has again shown an increase in early syphilis. This increase is being duplicated in most of the metropolitan areas of this country and in those of other countries where statistics are accurately maintained.

The increase in the total of "patient visits" reflects the increased care necessary for the rapidly rising rate of infectious syphilis.

The discovery of these infectious people and bringing them in for treatment has been accomplished by the diligent case-finding efforts of experienced and capable personnel. Our division has been fortunate in having had the services of several capable investigators lent to us by the New Jersey State Department of Health through the Federal Public Health Division. Working together as a team, our division has encouraged infected individuals to recommend to their associates and infected partners that the treatment for the disease has become so simple that it is foolish to avoid treatment in the hope that the disease will arrest itself. We have, therefore, had a great many individuals appearing for examinations only because they have heard by word of mouth how simple the examination is and how painless and how quickly the treatment may be administered.

The total number of new gonorrheal patients has shown a slight increase over last year. However, in spite of this increase, we are still well under the total for 1959. Throughout the country, gonorrhea has shown a relatively stationary degree of infectivity for several years.

It will be obvious from the gonorrheal statistics that the total number of patients treated has decreased in spite of the slight increase in the number of newly infected or re-infected individuals. This difference in the statistics is again indicative of the improvement and relative ease of curing patients infected with the disease.

As the statistics show, our Skin Clinic has again had a busy year. The total number of new patients has decreased modestly from last year because our research has enabled us to cure, in a matter of several visits, an average case load of 150 children who present themselves to the clinic yearly with ringworm of the scalp and who previously had required weekly therapeutic visits for 4 to 6 months or longer.

<u>CLINIC REPORT</u>		<u>1957</u>	<u>1958</u>	<u>1959</u>	<u>1960</u>
<u>SYPHILIS</u>					
Total New Patients		305	344	581	702
Total Patient Visits		10719	10189	5431	6984
Treatments Given		4539	3726	2214	2961
New Cases Reported from Newark		1378	875	959	1150
Patients Dismissed Arrested or Cured		1421	984	842	660
Patients put on Rest		469	292	204	124
<u>GONORRHEA</u>					
New Patients - Male		956	1142	1117	1140
New Patients - Female		237	247	109	134
Total New Patients		1193	1389	1226	1274
Patients Treated - Male		1459	1762	1715	1643
Patients Treated - Female		1399	1396	876	351
Total G.C. Patients Treated		2858	3158	2591	1994
Total Visits G.C.		6699	7460	6223	6042

SOURCES OF INFECTION (Syphilis & Gonorrhea)

Named	1164	1757	1189	2088
Found and Examined	721	1219	702	1024
Found Infectious	248	277	238	*410

	<u>1957</u>	<u>1958</u>	<u>1959</u>	<u>1960</u>
Primary	6	20	34	87
Secondary	8	16	45	124
Early latent	<u>40</u>	<u>69</u>	<u>85</u>	<u>136</u>
Totals of Early Syphilis	54	105	164	347

SKIN CLINIC

NEW CASES	2101
TREATMENTS	5355

* 235 of these individuals were either primary, secondary or early latent - indicating the "powder keg" which is keeping the Venereal Disease Division busy.

HEALTH LABORATORIES

Carl Cordasco, B.S., Reg. Ph.G. - Chief Supervisor
 Meyer Levy, B.Sc. - Chief Serologist
 Sara Rothberg, B.A. - Chief Chemist
 Fred Coltrell - Chief Bacteriologist

These laboratories make food, milk and water examinations for the Health Division, and diagnostic tests for local hospitals, physicians and Health Division Clinics.

<u>BACTERIOLOGICAL</u>	<u>Total</u>	<u>Positive</u>	<u>SEROLOGICAL & HEMATOL.</u>	<u>Total</u>	<u>Reactive</u>
Diphtheria Cult.	21	0	Premar. Tests VDRL	4199	177
Tuberculosis Sputa	3656	178	Pre-natal Tests VDRL	2263	91
Typhoid Stool Tests	93	30	Domestic " "	1974	226
Dysentery (Stool)	91	4	Priv. Doctors " "	10,353	861
Ova & Parasites (Stool)	136	24	Dispensary " "	3081	341
Darkfields	94	25	Ven. Dis. Clinics "	3974	1377
Typh. Blood	8	2	Quantit. Tests " "	1688	1085
Brain Exam. (Rabies)	51	0	Hospital Tests " "	12,456	1214
Vincent's Angina Smears	251	81			
Trich. Vag.	668	100	Total V.D.R.L.	39,998	5372
Gonorrhoea Smears	8203	1958			
Gonorrhoea Cultures	627	50			
Exam. for Und. Fever	2	0	Conf. Kolmer Wassermans	5470	
Ophthalmic Gon.	125	9	RH Fact. Determ. (Pos)	5564	
Water Examinations	360		RH Fact. Determ. (Neg)	524	
Milk & Cream Exam.	2924		Spinal Fluids (Wass.)	602	
Shell Fish Exam.	19		Heter. Antib. Determin.	18	
Froz. confections exam.	185		Misc. (urines, Sed. Rates, C.B.C., Gold Curve, Cell Ct., Bld. Sugars, Bl. & Clot. time, etc)	5078	
Misc. Foods & Other Exams- Swabs for utensils, rinse water, pollen cts.				17,256	
T.B. Cultures, etc.	2050				
Total	19,566		Total	57,254	

<u>CHEMICAL</u>	<u>Total</u>	Notes:
Milk samples	1432	Special examinations for added water in meat and sausage, added sulphites and benzoates, excessive fat content in meats; artificial coloring and flavoring; analyses for conformity to labeling, oils, as well as routine tests of swimming pool water. - by Chemical Lab.
Cream samples	595	
Ice Cream Samples	172	
Water Samples	15	
Swimming pool samples	296	
Meat Samples	264	
Miscellaneous samples	153	
Phosphatase Tests for milk past.	2123	
Total	5050	Total Tests - all Labts. 81,870

